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Practical Observations on Laceration of the Perineum. By WILLIAM CAMPBELL, M. D. F. R. C. S. &c.

(From the Edinburgh Medical and Surgical Journal.)

Segnius irritant animos demissa per aures,
Quam quæ sunt oculis subjecta fidelibus.—HORACE.

To the above accident, the sentiments of the poet may be well applied ; for many there are practising the healing art, who, upon grounds somewhat plausible, not only dispute the liability of the perineum to laceration during parturition, but who even assert, that such injuries cannot be brought about without officiousness and carelessness on the part of the medical attendant. These accidents, however, are related in almost every publication on midwifery, and are occasionally met with in cases where the character of the practitioner cannot be involved. As a proof that they may happen where no blame can attach to the conduct of the practitioner, I am authorized, by a gentleman of respectability in this city, to state, that a most extensive laceration occurred under his care, while attending his own wife in her first labour ; and that he is acquainted with another case where the accident happened under precisely similar circumstances. Both these practitioners have had considerable experience in midwifery, and instruments were not resorted to on the occasions in question. Injuries of this nature may be trivial, as in cases of a disunion of the *frænum* or *fourchette* only ; or extensive, as in those examples where the rectum and vagina are converted into one common opening. In some instances indeed, the perineum is perforated in the centre, and the *foetus* and *secundines* propelled through this new passage—leaving the

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fourchette entire on the one side, and the *sphincter ani*, and *recto-vaginal septum* uninjured upon the opposite. Cases of this last description are related by Denman, Baudelocque, Merri-man, and in the third volume of the Dublin Hospital Reports, by Dr. J. C. Douglas.

The following being the worst example of the kind which I have ever witnessed, I am induced to communicate a brief detail of it, with some additional remarks, to the profession. In April last, I was earnestly requested, by an intelligent pupil, to visit the subject of this case, to ascertain whether any thing could be accomplished to ameliorate her deplorable condition. The woman granted ocular examination of the parts, and the appearances were really distressing, and such as to remove the most obstinate incredulity on this point; for there was not a vestige of the anterior, and very little of the posterior, perineum remaining. The whole presented one continued raw surface, extending from the *nymphæ* to within a little of the point of the *coccyx*. The os uteri was very near the external parts; the organ itself, from want of the usual support, having descended from its natural situation. There was no line of demarcation between the vagina and the rectum. The intestine was not lacerated; its extremity was seen loose and unprotected, projecting between the nates. The *sphincter ani* was destroyed; for when a dose of opening medicine was given to the patient, she had not the power of retaining the feces; they frequently escaped involuntarily, even when the woman was not under the influence of aperients, while the intestine itself protruded to a very considerable extent during the expulsion of its contents. I requested Mr. Lizars, Lecturer on Anatomy and Physiology, to take a drawing of the appearances; and I consider it a valuable addition to the materials already in my possession for the illustration of Lectures.

The account which this poor creature gave of herself was, that about five years previously, she had been delivered, for the first time, of an illegitimate child. A midwife attended from the commencement; but in consequence of the process being tedious, she called in a surgeon, who delivered with the forceps, and the perineum was torn during the operation. Neither the Surgeon nor midwife, however, were aware of the accident, until the patient mentioned it to them sometime afterwards; so that no measures were adopted to cause a reunion of the parts; and so very little did the individual herself suffer from it, that she left her bed, on the third day after delivery, to attend her usual occupation, without such premature efforts being followed by

any unpleasant feeling. While in this loathsome situation, she became a common street-walker ; and she declares, that every sexual intercourse, since the accident, has been succeeded by a discharge of blood from the parts ; yet, under all these disgusting circumstances, she persisted in her iniquitous career. About the month of October 1822, she again conceived, and premature labour came on in the early part of the seventh month, when she was delivered of a dead foetus, which appeared to have been destroyed by syphilis, for the patient labored under an attack of it at the time. During this last delivery, she thought that a further injury of the parts had been produced ; and I apprehend it was at this time the posterior perineum suffered ; but of this I cannot be certain, for she was not under our care at the time. I was sorry that particular circumstances prevented my attempting any thing for the relief of this individual.

An opinion has prevailed among medical men, that the accident is liable to be reproduced in succeeding deliveries, unless great caution is observed during the passage of the head. This was confirmed in a case in my own practice. The woman had formerly been delivered by what she considered rather an impatient midwife, and the perineum was very considerably lacerated during the transit of the foetus. On the occasion of our attending her, the inferior commissure of the orifice of the vagina was callous ; and, notwithstanding every precaution to prevent a repetition of the accident, I felt this callus give way under my hand, and the laceration was continued backwards to the rectum, although the head was small. Mauriceau, in speaking on this subject, says, "*Ces parties ayant ete dechirees une fois, il est bien difficile que la recidive ne vienne a l'accouchement suivant ; a cause que la cicatrice qui s'y fait, retrit encore les lieux davantage.*"

It has been said, that those injuries never happen except in consequence of officious interference ; and in the 7th Number of the *Medico-Chirurgical Review of London*, we are told, that they "never recollect seeing an instance of this accident, where women were delivered before the arrival of the doctor," which is tantamount to a declaration, that the practitioner is always accessory to it. Dr. Merriman, in his valuable work, on the other hand observes, "It would perhaps be asserting too much to say, that this kind of laceration may always be avoided ; but unquestionably the practitioner ought, in general, to be able to prevent so unfortunate an accident." With this able physician, who must be considered a good authority, I cordially agree ; but the observation contained in the *Medico-Chirurgical*

Review surprises me ; and as it may have considerable influence on the younger part of the profession, I feel it my duty to state two cases in point, which are directly at variance with such a doctrine. The former of these instances happened in April 1822, where a young inexperienced gentleman attended a woman in labour of her first child. When the head began to press on the external parts, the patient became quite ungovernable, and the medical attendant went to call a more experienced person, who should have had charge of the case ; but in his absence the foetus was expelled, and the mother suffered considerable injury. In the other case, I was requested to attend a young woman in labour of her first child, on the night of the 25th of July last ; but, being otherwise engaged at the time, the messenger was directed to call upon Mr. Wilson, one of my assistants ; the patient however was delivered before this gentleman arrived, and an extensive laceration of the perineum was the result. If we admit that lacerations proceed from inattention on the part of the practitioner, it is certainly inconsistent to contend, that such accidents do not occur, when no person is on the spot to assist the patient.

On the whole, however, I must observe, that since I have devoted my attention to the obstetric art, I have been surprised, in consequence of the very great thinness to which the perineum is reduced, that the accident in question does not more frequently happen, and not that it occasionally occurs ; and this I should suppose to be the opinion of most practical accoucheurs. I am, however, ready to acknowledge, that injuries of this nature may occasionally be ascribed to officiousness and ignorance on the part of male as well as female practitioners ; yet I must protest against the idea of the interference of the medical attendant being invariably the cause.

During the passage of the head through the *os exterum*, the rectum, perineum, and vagina are carried so far downwards and forwards in the axis of the outlet, that were it not for the support usually afforded to those parts at this time, extensive lacerations might be much more frequently expected. Several cases have been communicated to me, where the perineum was lacerated to a very great extent, for want of proper support, the practitioner being otherwise occupied at the time, and the head expelled during his absence from the bed-side. I have been informed by a gentleman in extensive country practice, that he has frequently known the fingers to be insinuated between the perineum and the head, and the former drawn over the latter when it was on the point of passing through the *os externum*. Were this practice resorted to in primary labours, it would infallibly, in a great proportion of

cases, be attended with laceration. In support of the idea that such accidents may be ascribed to officiousness, it has long been urged, that the perineum of females who bring forth in retirement, with a view to conceal the frailty of the sex, is very seldom injured; and that the accident is never remarked among the brute creation, who are rarely assisted during parturition. The former of these opinions I believe to be pretty generally correct, but the latter is questionable. Females who are desirous of concealing their situation while in labour, resist as much as possible the action of the uterus, or, in other words, they do not exert the propelling powers energetically; the head, therefore, is not pushed against the perineum with any considerable force, and the effort is not quickly renewed, so that every part of the passages is dilated with slow and uniform gradation; while, on the other hand, those women who have no cause to be ashamed of their situation, and are, from the commencement, attended by a practitioner, trusting to their innocence and to the assistance afforded them during their sufferings, throw the propelling agents into action with all the power they are capable of exerting. In the one case therefore, it is obvious, that the distension of the perineum is progressive, rendering it far less liable to rupture; whereas in the other, the parts are stretched with violence and precipitation, by which they are much more likely to be injured. Some people may be inclined to think, that my reasoning here is not very correct, and perhaps it would have been as well not to have offered any explanation; for it appears to me, that the subject is one which cannot be well explained. Although I am of opinion, that the perineum is seldom lacerated in concealed labours: yet there are few practitioners extensively engaged in the department of midwifery, who have not met with accidents of this nature in such cases. In the lower animals, particularly the cow, the keeper will inform us that the perineum is sometimes injured, but by no means so often as among the human species. While writing these remarks, I was informed by a gentleman, that in a sheep which gave birth to twin lambs, he witnessed the conversion of the anus and vagina into one opening, of which accident the animal ultimately recovered. I do not state this with a view to draw any comparisons between the human female and the female of the lower animals; for the former has perhaps arrived at the highest degree of civilization, by which the fibres are intenerated, while many of the latter are still in a state of nature; so that, under these circumstances, there must be a considerable difference between their fibres in point of texture.

Although I have already admitted, that the accident in question is sometimes brought about, among the human species, from neglect and impatience on the part of the practitioner ; yet, at the same time, it is proper to be aware, that individuals have suffered considerable injuries of those parts, under careful, if not good management. When we are operating with the forceps in the case of a very restless patient, a laceration may happen under the best care. An example of this nature occurred in my own presence in the summer of 1820, where an experienced practitioner supported the parts, while the extraction was conducted by another gentleman, equally well acquainted with his profession ; and when the head was passing over the perineum, the patient began to toss about in bed, and an extensive laceration was the result of her restlessness, owing to the blades of the instrument having pressed forcibly against this part, in a state of distention. The experience of this case taught me a useful lesson ; for ever since that time, while operating with forceps on a restless individual, when the head is so far advanced through the outlet as to justify me in thinking, that two or three pains will complete the expulsion, I remove the instruments unless uterine action has entirely ceased, and leave the rest of the process to be terminated by the natural powers ; by which precaution I avoid injuring the parts. When the foetal head is large, and the patient bears down with great violence, or springs away from the practitioner unexpectedly, towards the opposite side of the bed, while the head is advancing through the outlet, a disunion of the parts at some point or other takes place, owing to their being suddenly distended, or to the woman having withdrawn herself from the support afforded to the distended perineum, by the hand of the practitioner. A case of this nature happened in the autumn of 1821, under the direction of one of my assistants ; and another, I believe, under similar circumstances in January 1822, where another of my assistants attended. This last patient died afterwards of abdominal inflammation, and I have now in my possession a preparation of her external parts, presenting an extensive laceration in the perineum.

These accidents are chiefly met with in primary labours, owing to the unyielding condition of the soft parts ; they sometimes, though rarely, happen in subsequent parturitions, a difference to be explained by the relaxation consequent on child-bearing. It is a very remarkable fact, that after the passages have been once dilated in consequence of parturition, however long a period may elapse before they again suffer dilatation from a similar cause, even if it should be fifteen or twenty years, they

will yield to the transit of the foetus with as much ease at the end of this lapse of time, as if the individual had been bearing children at the usual periods during this interval; so that when the parts have been once successfully distended, they are not afterwards liable to injury, unless from carelessness or impatience.

The liability of the perineum to laceration in primary labours, points out to practitioners the utility of having those parts frequently anointed during the process of parturition, although the necessity of such a measure is discountenanced by Professor Burns. The frequent application of unctuous substances to the external parts, independent of their producing relaxation, and thereby preventing laceration, must also be beneficial by diminishing the heat of the parts, and obviating the other bad effects of mechanical stretching. An abundant flow of mucus from the passages, must also act as a preventive of the accident in question; and supporting the perineum carefully with the hand, must, in opposition to any thing said against the practice, be considered in the same light; on which account, a neglect of this precaution cannot be too strongly reprobated. A practice inculcated by some teachers, out of a mistaken delicacy for the feelings of the patient, must occasionally contribute to the accident,—I mean interposing a cloth between the hand and perineum, when the latter is pressed upon. As the feelings of the sufferer must be equally hurt by introducing the fingers into the vagina to make the necessary examination, the practice had better be discontinued; for, when it is resorted to, we cannot say what parts are most upon the stretch, and require support, so well as we can do when the naked hand only is applied.

The slighter lacerations of the perineum, such as the mere division of the *frænum labiorum*, or *fourchette*, are frequent in primary labours, and are of little moment when properly treated. The practitioner, however, should give specific directions in those accidents; for, at the time of voiding the urine, they are the source of severe smarting pains to the patient. Frequently changing the cloths applied to the external parts, for the sake of cleanliness, and tepid ablution two or three times daily, with a solution of *sulph. aluminis* 3ij. in a pound of water, will be found sufficient; or in those examples attended with considerable irritation of the vulva, the application of a warm emollient cataplasm, frequently changed, and continued for a day or two, will be attended with decided benefit. Generally speaking, the more extensive injuries of the perineum can also be successfully treated; and, when we consider the importance of the object which the practitioner has in view, nothing surely can occasion

greater solicitude on his part. For in cases attended with the division of the perineum, sphincter ani, and recto-vaginal septum, the situation of a female of delicate feelings must be deplorable in the extreme,—intolerable to herself, and disgusting to those around her. When we have failed in our endeavours to remedy these accidents, the results are the involuntary escape of the fæces, protrusion of the rectum, with a perpetual stercoraceous odour, which the most scrupulous attention to cleanliness cannot prevent; and, sooner or later, a prolapsus of the uterus follows. In attempting a reunion of the parts, a great deal depends upon the patient herself; for, unless she observes a state of absolute quiet and rest, the results of such injuries are often unsuccessful.

Two modes of treatment have been recommended; first, to bring the lacerated surfaces into apposition, merely by securing the limbs together; and, secondly, to place two or three stitches in the perineum, and secure the limbs. A practitioner who is at all acquainted with the changes which the external parts undergo owing to their enormous distension during the expulsion of the fœtus, would scarcely think of recommending the perineum to be stitched; for the great relaxation consequent on such distension, should present to him a prospect of the parts cohering by merely bringing them into contact, without adding to the sufferings of the patient by an unnecessary operation, and wounding her feelings by an indelicate exposure. From the result of several cases, I am justified in saying, that, in recent accidents of this kind, sutures are not required. The removal of the urine and feces are points which require particular care and management. The former should be drawn off by the catheter at regular intervals, and the latter removed, by some contrivance which will not require much exertion on the part of the patient. With regard to the state of the bowels, it was at one time the opinion of some, that it would be advisable to induce constipation, in order to prevent the patient from being obliged to exert herself; but experience proved the absurdity of this notion, because the efforts required for the expulsion of indurated feces were found to derange the process of adhesion, and prevent reunion. On these grounds, therefore, our practice will be much more successful by keeping the bowels, if any thing, rather open; but by no means to occasion an actual purging, for fear of producing too much action and irritation of the parts which are the seat of injury. I have found, that in the cases under consideration, the free use of the subacid fruits will keep the bowels in a proper state. When laxatives are requir-

ed, they should be exhibited in limited doses. To favour the approximation of the parts, the patient should be recommended to lie as much as possible on her side in bed.

In chronic examples, on the other hand, of which I have had little experience, I do not think that stitches can be always dispensed with, however painful and indelicate the practice may be to the patient. With one exception however, I have always succeeded in causing a reunion, by securing the limbs above the knees, by means of a common roller; keeping the wound clean, by changing the cloths applied to the external parts sufficiently often; using ablutions daily, with an astringent lotion in a tepid state, such as formerly recommended; and placing a piece of dry lint over the wound after each ablution.

In chronic cases, where an attempt is made to obtain a reunion of the divided parts, the callous margins must be pared, or rendered raw by the application of caustic; and as they have had time to contract or recover their tone, some expedient must be resorted to, in order to bring them together, on which account I consider the use of sutures indispensable. An operation similar to that performed in cases of hare-lip has also been advised in the injuries embraced by the present remarks; and the ingenious Smellie put it to the test of experiment in one instance, but without success. I still think, however, that this expedient merits further trial; for the failure of a solitary instance does not justify us in rejecting the practice altogether. Whatever may be the results of future trials of this last method of cure; it is but too true that sutures have been found often unsuccessful; and although I have already acknowledged my experience to be but limited in cases of long standing, yet it consists with my knowledge, that repeated attempts at reunion on the same person by means of stitches, in the practice of several individuals in this city, have totally failed. Nor is it difficult to account for this general want of success. In the first place, we have merely to recollect, that the injured part is affected whenever the organs of respiration are called into action to any extent, by the diaphragm pressing on the abdominal viscera, and pushing these against the organs situated in the pelvic cavity; and, secondly, that the abundant exhalation from the perineum and parts connected with it, must be very unfavourable to adhesion. Dr. Merriman, in his valuable work, confirms the unsuccessful termination of those accidents; for he says, that "the cure of a lacerated perineum is very difficult, in some cases impossible." M. Capuron of Paris, who is of the same opinion, relates two cases successfully treated with sutures, as a kind of marvel. M. Mau-

riceau, also seemed to have been aware of the difficulty of curing those injuries ; for he observes, " Je ne conseille pas néanmoins a aucune femme de se faire faire une operation si douloureuse, pour la simple decoration d'une partie qu'elle ne doit jamais exposer a la vue." Although I cannot agree with the opinion expressed by this last distinguished author, from its being injurious to the prosperity of science, and destructive to industry among our younger members ; yet I must acknowledge, that I was reluctantly compelled to follow it in the case detailed at the commencement of these remarks, in consequence of some particular circumstances relative to the patient, which cannot be mentioned in this place.

It is said by Professor Burns of Glasgow, that considerable hemorrhage succeeds extensive lacerations of the perineum. I have always been taught, that lacerated wounds, except when large vessels are involved, do not bleed to any extent ; which doctrine I have often seen verified, not only in the accidents at present under discussion, but also in the more general lacerations of other parts. This would be a natural conclusion, even were it not confirmed by experience ; for, when the vessels are violently stretched, their projectile power must be in a great degree, if not entirely, destroyed ; and the vessels which are liable to be injured in perineal lacerations, are not so large as to be considered exceptions to this doctrine.

II.

DR. JOHN HUME on *Dr. Stewart's Practice in Phthisis.*

(From the Journal of Foreign Medicine and Surgery.)

My remarks on the tonic treatment of phthisis having obtained more notice than I expected, I am induced to make some additional observations on the Rev. Dr. Stewart's system, and, at the same time, to give a rapid sketch of the practice of other physicians in that truly formidable disease. I would much rather, however, that this had been done by Dr. Stewart himself, or by some one better acquainted with the subject than I am.

Dr. Stewart, undoubtedly, has performed some extraordinary cures, and even in cases where other professional gentlemen had no hope whatever of recovery ; and yet we have been told that none of those were cases of genuine phthisis, but merely such as resembled it. But Dr. S. pretends to have cured not the counterfeit, but the genuine disease ; for all his views are directed against scrofula, more generally believed to be the *primum mobi*

of phthisis. It would, however, be of essential service to inspect the body of every person after death who was thought to have recovered from an attack of genuine phthisis. In the *Edinburgh Medical Essays*, Dr. A. St. Clair has given the case of a boy, four years old, with all the symptoms of pulmonary consumption, who recovered by means of a treatment in many respects tonic. The boy died of hydrocephalus, a year after his recovery; and his lungs, upon dissection, were found to be studded with tubercles in various stages of their progress. This, it cannot be denied, was a case of genuine phthisis; but it may be said that the cure was only temporary and partial.

It is, however, when the disease is in its infancy that Dr. Stewart professes to have had most success; although, even in the worst cases, he does not hesitate to employ his invigorating regimen and remedies. And, surely, where a patient is extremely emaciated, where he is worn down by night sweats, where he is teased by an almost unceasing cough, and expectorates pus in great quantity, Dr. Stewart's tonics, vinegar and water friction, and exercise are more likely to prolong life, than the doses of sulphuric acid, opium, and digitalis, so often prescribed in the lowest state of emaciation and debility, by the despisers of his system. In the one case, the patient feels invigorated and cheerful; in the other sick, restless and miserable.

If a person is predisposed to phthisis, or if he is of a scrofulous habit, the tonic regimen may be adopted at an early period, provided there are no symptoms of active inflammation. With this exception it may be employed freely; when there is an irregular, tickling, dry, barking cough, the paroxysms of which are of some duration, and which have lasted for several months, at first in a mild form, but afterwards in a more severe one, which sometimes excites vomiting after meals, and is worse in the evening or night-time, and which is accompanied at times with an expectoration of viscid phlegm, or of a stringy opaque mucus, occasionally streaked with blood; when in wet weather, or in a warm room, or after taking a very little more exercise than usual, there is a considerable degree of breathlessness, with a shifting or transitory pain when lying on one side, and a sense of oppression or a constant uneasy feeling in some one part of the chest: when the fauces are rough, the voice shrill and slender, and when, in speaking or coughing, a hoarse obscure sound seems to issue from the chest; when occasionally there is a slight degree of fever, with languor and dislike of exercise, and a disagreeable sense of dry heat in the palms of the hands and in the soles of the feet, and a quick irregular pulse;

and when there is great emaciation, much worse, indeed, than circumstances should warrant, with want of appetite and other disorders of the digestive functions, and irritability of mind. To these symptoms might have been added, a fair smooth skin, pearly teeth, and a dilated pupil, which, properly speaking, however, are attributes of scrofula. If, in cases where these symptoms, or the greater number of them are present, Dr. S. has been able to restore his patient to health and vigour, are we to deprive him of the honour of having cured Phthisis?

Many of the objections to the use of tonics in Phthisis, I am sensible, are the offspring of theory, with which I wish to have as little to do as possible. My assertion, that we have made little improvement on the theory of Galen may startle some persons; yet I must think that his "acid matter of catarrh," sounds as well and is as explanatory of the phenomena of phthisis, as the "irritation" of the modern French school. But Galen's theory was that of all the old physicians, as well as of Sydenham; and Morgagni himself saw no absurdity in it. However, I mentioned it merely as a theory, and never meant to set it in opposition to fact. The grand object of the physician, it would appear, is to overcome the scrofulous diathesis, which is thought to consist in a preternatural activity of the lymphatic system; and this, as some think, is best done by restoring their due preponderance to the blood vessels. These, indeed, in phthisical patients, sometimes discharge blood from the lungs, but much oftener, it is said, from debility than otherwise. In such cases, even in the early stages of the complaint, tonics are of the utmost service. The effluvia of diseased lungs often have the power of irritating healthy persons, if long exposed to their influence. In such circumstances I have known a person seized with obscure hectic symptoms, and slight spitting of blood; and by removing him from the exciting cause, and giving him six drachms of bark a day, I have restored him to perfect health.

Debility is assigned by Rush, Beddoes, and others, as the cause of Phthisis, whether induced by scanty or unwholesome food, clothing, or sudden variations of atmospheric temperature. But the rich are subject to this disease, and they are well fed, and have warm clothing. However, the rich often are as careless of their health as other men; and sometimes, with a view of purifying the constitution, they limit their children almost entirely to a vegetable diet; and besides, the stomach soon becomes tired of the very best aliment, when it is furnished with it in too great quantity. Even butchers live much upon animal

food, more from necessity than choice. To shew the effect of a debilitating cause, it may be mentioned, that in the Swedish village of Skalltorp, where the inhabitants have no spring-wells, but use stagnant and putrifying water, about one half of the population die of phthisis.

Dr. S. pays a very early attention to the gastric symptoms, which so often are the forerunners of the pulmonary disease, or its marked concomitant; the attempts, therefore, to regulate the bowels by mild laxatives, or by those that are both laxative and invigorating, such as the compound rhubarb pill, or a combination of rhubarb, cinchona and magnesia. In the predisposed, he begins the vinegar and water friction at an early period; he thinks, indeed, that it cannot be used too soon; but in his endeavours to strengthen the constitution he shuns all sudden changes, and habituates the body by almost imperceptible degrees to a cold atmosphere. The vinegar and water, therefore, of which equal parts are commonly employed, must at first be tepid, and be gradually brought to the temperature of the external air. At bed-time, the body, particularly the neck, back, and chest must be rubbed all over with it, and the rubbing continued till the skin is quite dry and glowing. Half an hour is usually spent in this exercise, and then the patient is put to bed. On getting up in the morning the same course is followed; and in some instances, in the day time. It is on account of the intimate connexion that subsists between the skin and the lungs, that Dr. S. has tried, by bracing the former, to render the latter unsusceptible of injury. Are persons with rough scaly skins subject to consumption? Such a skin would seem almost impervious to cold, and to do for the constitution what flannel does in those who have transparent skins.

In ordinary cases, the patient goes to bed at ten, and rises at seven or eight in the morning. After breakfast, exercise begins. In summer and in fine weather, the patient, lightly clothed, rides out on horseback for an hour or two, or till he feels slight symptoms of weariness; or he walks, or exercises himself with the swing. Swinging, in many cases, particularly where the cough is violent, will act more beneficially than muscular exercise, and in such circumstances should be preferred. When the tonic plan has been begun in summer it is continued in winter, with the precaution of defending the body with warm clothing; and in this way hardly any weather should keep the patient within doors. But, even in the house, exercise is necessary; and it must be the business of the physician to find out that kind of it which is most suitable. In some cases he

may use exercise before breakfast. Dr. Stewart, even in the last stage of phthisis, has used it to a great extent, and certainly with no bad effect ; and yet a long journey, at such a time, cannot be commended, unless it be in the shape of a sea voyage. When hectic fever is actually begun, the forenoon's exercise should be so managed that the patient may be employed with it, at the commencement of the cold stage.

The patient's diet is a matter of great moment, and it must never be of the tonic kind, if there are any contra-indicating symptoms, such as severe local inflammation. It should be nourishing, but not heating, and may consist of solid animal food, animal soups or jellies, eggs, milk, and vegetables. The breakfast may be of milk, chocolate, or tea, with bread and an egg, if it be agreeable to the patient. Some, perhaps, in Scotland, will prefer oatmeal porridge, or pease-porridge with milk. At noon the patient may have a little good soup. The dinner should be of solid animal food and vegetables ; those dishes being preferred which are quite plain and as free from fat as possible. A small proportion of good port wine and water, or of ale or porter, may be allowed after it. The patient should take little or no supper. The drink may be water, acidulated with a mineral acid, or with port wine.

Bitters or steel are occasionally administered, either separately or in conjunction. In the most debilitated constitutions Dr. S. has prescribed a mixture which consists of myrrh, sulphate of iron, and cinnamon water, and with temporary benefit. He also uses the cold infusion, or decoction of bark, plain or acidulated. For coughs, opium, or henbane may be given at bed-time, prepared as simply as possible ; for Dr. S. disapproves of pectoral remedies which contain many ingredients. Neither does he approve of the tartar emetic ointment, probably from having had no experience of its use ; preferring a blister issue to the chest or side.

Such is an outline of Dr. Stewart's practice, and it may not be uninteresting to inquire how far other physicians have agreed with him. Sydenham, as it is well known, has praised exercise on horseback above all other remedies, and during its use he allowed every kind of diet. In some of those who recovered there were marks of scrofula. His words are, "*Quibusdam eorum, qui ex hac methodo convaluere, tumor in collo extortus est, non multum a scrofulis abludens.*" The greater number of the species enumerated by Sauvages are symptomatic ; but where the disease is combined with scrofula, the remedies he recommended are, in general, tonic ; steel, milk, animal soup, and exercise.

Joseph Rawlin, in 1774, cured hysteric phthisis by means of steel and aperients, when other remedies had failed; and this seems to have been the dyspeptic phthisis of modern physicians. In the tuberculous species he condemns steel and mercury; and in the first stage, recommends stomachic bitters and laxatives. He has known a person recover from the second stage after an illness of three months. He forbids the use of milk, having an idea, like many other physicians, that it is favourable to the production of purulent matter. Valcarengbi allows its use, when balsamics have cleared the pulmonary ulcers. By means of bark boiled in milk, vegetables and exercise, the great Haller was enabled to cure ulcers in the lungs; but this plan did not succeed with females in whom there never had been any appearance of menses; yet, in general, it is no difficult matter to cure an ulcer of the lungs if the pulse is natural. Morgagni cured pulmonary consumption by the use of milk, animal jellies, steel, ground-ivy, and St. John's wort. Sir John Pringle prescribes country air, exercise, and milk diet; and in scrofulous habits dissuades us from blood-letting. In a disease which resembled tubercular phthisis, Huxham found blood letting hurtful, unless it was used locally and at the commencement of the disorder, and in the dry cough and dyspnœa of tuberculous patients, he recommends a decoction of bark or guaiacum, with a milk diet, riding, and a healthy country air. Dr. Simmons allows animal food in moderation; a caution which should in all cases be attended to. From extreme antiphlogistic treatment, Dr. Percival has not only seen the patient's sufferings aggravated, but his death hastened; and in strumous habits he has observed the hectic heat augmented by venesection. Every thing that gives tone to the stomach, he thinks, will probably abate the quickness of the pulse, and check the virulence and frequency of the cough. A person in what appeared to be a galloping consumption, and who had been kept on very low diet, was restored to health by the gradual employment of a tonic regimen.

It will be observed, that in the cases given by Dr. Drake and Mr. Adair, as cured by digitalis, hemlock, and other medicines, perhaps most of the benefit was obtained from the milk, wine, porter and animal food which at the same time were administered to the patients. Dr. Ferrier was successful with digitalis, probably from its having been given in conjunction with bark and a nourishing diet; whereas, in the unsuccessful cases of Dr. Beddoes, the same attention seems not to have been paid to diet. Yet Beddoes was a strenuous advocate for the tonic regimen in phthisis. When the disease is threatened, Dr.

Rush prescribes the cold bath, exercise, steel, and cinchona; and when it is confirmed, stimulating diet and medicines. In the predisposed, he says that riding, to be effectual, must be constant. Dr. Wilson Philip, who has written so well on dyspeptic phthisis, is of opinion that where there is a tendency to consumption, debilitating doses of any medicine are hurtful; thus favouring indirectly the cause which we have been advocating. Dr. Shearman also, though perhaps erroneous in his theory, has brought practical proof of the benefit to be derived from tonics.

In the regulation of diet much must always depend on the discernment of the practitioner, it being impossible to lay down rules that will apply in every case. Yet, if most physicians have seen the propriety of using animal food in the latter stage of the disease to obviate diarrhœa and debility, why not use it cautiously at an earlier period to prevent them entirely? In an inflammatory diathesis, I acknowledge it to be improper; I think milk equally so. Milk is strictly animal, and surely we are not justified in calling it vegetable, because it may be partly produced from herbs. As well might we call flesh vegetable. In ulcerated lungs, from tubercular phthisis, viper broth has been much celebrated by the Italians, and oysters by many other nations, from their being so purely animal. Perhaps many of the cures attributed to particular remedies were owing to the "*alimenta bonæ notæ*;" and it is probable that the want of success with the same remedies may, in many instances, have depended as much on the neglect of diet as on the constitution of the patient. I am disposed to think, indeed, that in the case of G. R., his animal diet was fully as beneficial as the tartar emetic ointment, from the latter not having the same marked success in other cases; where the food was of an inferior quality. Yet I firmly believe that in many respects the tartar emetic ointment will be a valuable remedy.—(*See Quart. Jour.* No. 18.)

In the adoption of the tonic treatment, the residence of the patient is a matter of no little moment. It should be remote from marshes in a dry open situation, where the air is serene and pure, and where the north-east wind never blows violently. In such a place, the patient may be exposed freely to the external air; but, when the weather is cold and hazy, riding or walking out early in the morning, or late in the evening, will be improper; and at all times in winter, the clothing should be warm and comfortable, but never more than the constitution on trial may actually require. In all cases too great heat, whether in the patient's room or from his clothing, will be hurtful, even al-

though it should not be disagreeable to him. But late in the disease, and when no attempt has been made in summer to habituate him to change of temperature, an artificial warm atmosphere must be employed within doors in winter.

It is well known that in *phthisis* the same remedies have been extolled and condemned by physicians; and on that account I am induced to offer a few remarks on the principal remedies which have been employed in that disease. With regard to blood-letting, almost all authors agree that even small detractions of blood, if often repeated, may do much harm in delicate constitutions, even although the pulse should have some degree of fulness, and the blood show fibrine. Even the anonymous author in the *Medical Essays*, who speaks so highly of blood-letting, dissuades us from it, if there are merely crude tubercles in the lungs; and in all cases, *to prevent its bad effects*, he advises bark, frictions, and gentle exercise to be employed along with it. At the commencement, however, of catarrhal cough, so often the forerunner of consumption, antiphlogistic remedies are indispensable; but in the scrofulous constitution, they must be employed with caution. In such cases local blood-letting is safest. Issues, blisters, and rubefacients, seem to resemble each other in their mode of action. Moderation in the use of liquids, and the warm bath, probably occasion an increase of tone. There is much difference of opinion with respect to bark. It is thought by many, particularly foreign physicians, that it binds the chest, renders the breathing more difficult, and increases the tendency to inflammation. These effects are probably imaginary. Even in hectic fever, Heberden says "*nullus dubito quin tutus sit.*" In early cough, attended with debility and slight hectic, it is often of great service from its tonic quality; yet I would hesitate to give it in a hard dry cough, attended with much heat and febrile action. In cases of exquisite hectic, and purulent expectoration, I have given it in very large doses without aggravating the complaint, but certainly without benefit to the patient. Dr. D. Munro commends it during expectoration, but before that, he says it excites heat; while Sir John Pringle assures us that it is at no time heating. Iron also has its favourers and opponents. In debility it is a powerful remedy; but in strong inflammatory action it is improper. The balsams, and among the rest copaiba and asphaltum, or distilled naphtha, were at one time highly extolled in ulceration of the lungs. But innumerable are the remedies of this intractable disease: a German writer even recommends the cool juice of cucumbers to remove fever, and to wash away the absorbed pus from the blood! In the tubercular consumption, mercury,

in small doses, has been prescribed: but in pure phthisis, where there are no dyspeptic symptoms, it is always hurtful when given to any extent; hence the fatal mischief occasioned by mercurial doctors, who mistake pulmonary for hepatic disease. Are we to believe that the exemption which butchers, fishwomen, stable boys, grooms, gardeners, ploughmen, &c. are supposed to enjoy from the disease, arises from the *animalized* atmosphere they breathe, or the terrestrial effluvia which they inhale? It probably depends upon other causes, or it is in a great measure imaginary.

Hamilton, Sept. 1, 1823.

III.

The Study of Medicine. By JOHN MASON GOOD, M. D. F. R. S. Mem. Am. Phil. Soc. and F. L. S. of Philadelphia. In Four Volumes. London, 1822.

(From the Edinburgh Medical and Surgical Journal.)

MEDICINE has been defined, by those skilled in terminological lore and scholastic distinction, to be the art of prolonging life and curing disease; and physicians, by whom this has been received as a just character of their profession, have satisfied themselves with applying to their works the humble title of *Treatises on the Practice of Physic*. Others, who look on it rather as a dignified branch of human knowledge, and an exalted application of the intellectual faculties, speak of it as a science, and have written systems, containing philosophical views of the causes and formation of diseases, and of the general principles which reason shows ought to regulate their treatment or prevention. The author before us has taken a view different from either, and, keeping before him rather the mode in which its principles and facts are to be communicated to those who aspire at cultivating it as a profession, has named his work the *Study of Medicine*; and, of course, presents it to the public and profession as a book containing all the information requisite to form a complete and comprehensive system of rules to understand the nature, and conduct the treatment, of the disorders incident to the animal frame. It is difficult to say, whether a work, coming forward in such circumstances, is to be viewed as fortunate in the choice of an unpretending title, or as unwise in laying itself open to the criticism of the profession, by the novelty and eccentricity of a name which is not sanctioned by precedent, or approved by common practice. It is evident, from the title and the construction of the work, that the author has been less soli-

citous to write a treatise on the practice of physic, or a system of medical science, than to communicate to the student a correct view of the present natural history of the distempers incident to the human body, and to impress particularly on his mind the relation which the state of disease bears to that of health.—In a mere system of the practice of physic, an author has, in general, two purposes only before him,—1st, A description of diseases sufficiently accurate to enable the observer to know and distinguish them; and, 2d, An account of the means which have been found most successful in treating them. The scanty and limited collection of professional instructions which principles so narrow would furnish, would be not only useless and dangerous, but would give just reason for the impositions of ignorance and charlatanism, and would quickly convert the rational exercise of a liberal art into a degraded system of the most blind and indiscriminate empiricism.

Among those medical teachers, therefore, who felt the honourable ambition of rescuing the art which they professed from an alliance so discreditable, it was soon found expedient to establish the principles of medical practice on a more substantial and permanent foundation. An intimate study of the phenomena and effects of disease has shown, that a mere history of symptoms, and enumeration of methods of treatment, are insufficient to constitute a rational system of nosographical information; and the gradual diffusion of the spirit of true practical philosophy taught physicians, that symptoms were less to be regarded than the action or process which they indicated; and that the only true method of communicating just ideas of the nature of disease, and the means of removing it, was to connect the semeiographic details with sound pathology, and to accommodate the sanative precepts rather to the intimate nature, than to the exterior signs of disease. The complexity thus introduced into didactic medicine, while it was indispensable to the dignity and the interest of the art, might well tend to bewilder even intelligent minds, and would undoubtedly cause some perplexity to those who were only entering on a pursuit, which its extent rendered formidable, and the necessary connexion of which with the lives of men rendered truth and accuracy qualities of the first consequence. As the boundaries of science, therefore, have been extended,—as its individual regions have been cultivated with greater assiduity, and its parts brought to greater perfection;—as, in short, the sciences which furnish the elements of the healing art, have been advancing to the perfection which they at present possess, it has been found expedient to introduce order, method, and subdivision; and the multiplicity of objects has

rendered regularity of plan, and distinctness of arrangement, indispensable conditions to the construction of a useful system of precepts on the art of treating diseases. The merit of a good work on this subject, therefore, consists, not merely in the fidelity and accuracy of the descriptive details, and in the exhibition of sound principles of pathology and therapeutics, but is also in an eminent degree dependent on the manner in which the materials are disposed, and on the facility with which its arrangement contributes to the great object of a didactic treatise,—the easy communication of knowledge.

We have delivered these preliminary observations, for the express purpose of reminding our readers of the requisite constituents of a system of practical medicine, and that they may recognise the legitimate principles according to which the merits of a work of this description ought to be judged. In such an inquiry, indeed, it is absolutely requisite to remember, that medicine considered as a science, consists of four great divisions; nosology, or the classification of diseases according to their similitudes and differences,—semeiography, or the historical description of the external signs and phenomena by which they are attended,—pathology, or the history of the morbid process or action on which these phenomena depend,—and therapeutics, or the exposition of the principles which should regulate the means employed to control or arrest, modify or palliate, the morbid action in which the disease essentially consists. Of these four divisions, it is evident that the first is more intimately connected with the manner of instruction than the others, and bears a more immediate reference to the manner in which the science is to be communicated, than to the quality or degree of knowledge which is taught. In this department, therefore, arrangement is the first virtue; and as all arrangement is valuable only so far as it is perspicuous, and contributes to the ready communication and firm retention of knowledge, the nosological part of a treatise on the medical art ought to possess, above all things, perspicuity and neatness of arrangement. The merit of the semeiographic, pathological, and therapeutical information, though by no means, independent of this necessary quality, consists, however, more especially, in fulness of detail, correctness and fidelity in the statement of facts, distinctness in the arrangement of arguments, and a rational exposition of principles, whether founded on actual observations, or derived from the judicious management of these in the hands of an intelligent and impartial reasoner. That the nature of a disease, and the principles of its treatment, may be well understood, it is requisite to know its phenomena and effects on the living body—to be familiar with

those exterior signs by which it is more particularly distinguished—to have correct views of the morbid process in which it consists—and to know the means, if there be any, by which this process may be controlled. Next, therefore, to lucid nosological arrangement, must be estimated the truth of semeiographical details, correctness in pathology, and sound principles of therapeutics; and every treatise on the practical measures of the art of healing, must be valued or disregarded according as it possesses, or as it is destitute of these requisite properties. We have thought it requisite to unfold these general principles, as the best and most legitimate for ascertaining the merits of the work before us as a system of medical instruction. It is not our intention to descend to the irrational and profitless task of minute criticism of a work so comprehensive and voluminous, or to examine the correctness of the individual descriptions of diseases given by Dr. M. Good. To those who will not peruse the original this must be a useless service; and those who will peruse it, would be equally little benefited by such a gratuitous labour. We propose, on the contrary, to consider the merits of our author's work in a general manner,—to inquire how near he has approached to the ideal standard of perfection which we have attempted to establish; and to discover to what extent his opinions on the mode of arranging the materials of medical science, and communicating the treasures of medical knowledge are correct, or consistent with reason. We shall inquire what are the advantages which his arrangement possesses over others; we shall attempt to ascertain the fidelity of his semeiographical descriptions, and the truth of his pathological views: and, finally, we have to examine the justness of his therapeutical principles.

1. *Nosological Arrangement and Distinction.*—Experience and human wisdom have devised various means of communicating the elements of science and the principles of art; but it seems now to be agreed, by the general suffrage of the learned, that of all the plans by which the adept may initiate the neophyte, the best are the synthetic and analytic; each of which has its advantages, and each of which becomes most appropriate in particular circumstances. The first is best suited to a science, or department of science, the facts of which are well authenticated, and the principles of which have been already proved to be true by the test of time. The second is more adapted for communicating knowledge, which has not yet risen to the rank of system, or attained the stability of mature age. In this the professor puts himself on a level of equality with the pupil; and the instructor submits with equal impartiality to his own fac-

ulties and those of his disciple, the facts from which the doctrinal principles are expected to flow. It is undeniable that this is the most rational and philosophical method of communicating knowledge and of cultivating the human faculties ; but the limited period necessarily prescribed for education, and the necessity of economy in the use of time, render it very rarely practicable in its widest extent ; and it is generally found convenient to employ a method which will unite the didactic advantages of the synthetic with the scientific benefits of the analytic mode of instruction.

If we apply these principles, the truth of which is sufficiently obvious, to the subject of the present work, we shall find, that there is no science about the mode of communicating which, it will be so difficult to deliver a decided opinion as that of medicine. For this various causes may be assigned. The principles are not always so firmly established as to warrant a synthetic arrangement ; the facts are often uncertain or contradictory, or encompassed with various sources of misrepresentation and error ; and, as much depends on the capacity or fidelity of individual observers in a science too extensive to be cultivated successfully by a single class of inquirers, improvement and discovery are often pregnant with discrepancy and confusion. The science of medicine, also, unlike others, is not single or individual, but complex and multiform, and consists of materials derived from a greater number of sources than any other which is cultivated by the human faculties. Of a science thus constituted, it is often found expedient to distribute the didactic arrangement according to that of some one of these component divisions from which its principal materials are derived ; and we thus know, that, among the modern authors who have avowedly adhered to system, some have admitted anatomical, others physiological distinctions, and a few have been guided by therapeutic principles in unfolding the elements of the healing art. These methods of arrangement are neither to be wholly blamed, nor commended in unqualified terms. Like other human contrivances they are right or wrong, according to the circumstances in which they originate, and must become judicious or unseasonable, purely as they answer or defeat the purpose for which they are designed ;—as they facilitate or obstruct the communication of sound medical knowledge,—the chief object of their construction.

The opinion which we have thus delivered will prepare our readers to expect neither very violent praise nor very outrageous censure of the work of Dr. Mason Good ; and will enable them to perceive, that the arrangement which he has adopted

in describing the diseases of the human body, if it is to be examined critically, must undergo this examination, with attention to the circumstances which we have already suggested to consideration. At a former period, when our author published his very learned nosological arrangement, we expressed our sentiments on the question of a nosology, founded on physiological principles; and coincided with the author in the opinion that it was sufficiently natural, since it accorded intimately enough with the order in which the processes of the living body succeed each other, and with the various purposes to which the individual functions are subservient. To the critical, or the captious, indeed, it will not be difficult to discover several momentous objections to this principle of classification; and it must be obvious, that, however easily ordinary affections may be referred to this arrangement, the important and numerous tribe of distempers which are connected with organic derangement, must ever with difficulty, sometimes with considerable violence, be forced to occupy the situation allotted to them. It may also be remarked, that however rational the principle adopted may be, the very imperfect condition of physiological science must operate as a considerable impediment to its execution, and the nosological arrangement, which rests on the sole foundation of physiology, must partake in the errors and defects of the science on which it is established. We know not whether these objections, which must have occurred to our author, appeared to him of much moment. It is probable that they did not; or if they did, that he consoled himself with the reflection, that human ingenuity could scarcely suggest any probable principle of nosological arrangement which would be less, or even equally free from objection.

In whatever manner, however, or by whatever reasons, our author reconciled his mind to the scheme of a physiological nosology, it is certain that a nosographical and therapeutical work, constructed according to the same principle, is, in a much stronger degree, liable to all the objections which may be urged against a mere nosological arrangement of this description, and to several which apply with greater force to a work composed solely or principally for practical purposes. A nosological arrangement implies nothing more than a classification of diseases without reference to any practical purpose—a convenient tabular view or enumeration of morbid actions, without particular allusion to the causes concerned in their formation, or the means by which they may be controlled. Now, though it is undeniable, that a correct scientific arrangement, in which uniformity of principle and regularity of division are observed,

is infinitely preferable to that in which order and unity are violated, and consistency is destroyed, it is nevertheless manifest, that if we keep out of view the practical purposes to which it is intended to apply it, arguments may be advanced in favour of a nosology founded on any given principle whatever. We will grant that the physiological plan of arrangement possesses more substantial merit, and is entitled to warmer commendation than this mode of defending it implies; and we will admit that it presents over other systems peculiar advantages, in exhibiting a distinct view of the relation between the phenomena of health and of disease. In this manner it furnishes, perhaps, the most natural and obvious method of enumerating all the morbid deviations to which the properties, actions, and functions of the living body are liable; and may be admitted to be an important and necessary part of a complete course of the Institutions of medicine. It is different, however, with a work which professes to unfold the history, causes, and treatment of diseases.—The chief object of the practitioner, who desires to know a safe and successful mode of treatment is to be familiar with the nature and pathological resemblances of the diseases with which he has to contend; and a classification founded on physiological characters, will be often not only very remotely connected with his purpose, but sometimes extremely useless. If, therefore, it should happen, that a physiological system of nosology is objectionable or inexpedient, when used merely as a list of disorders without reference to practical purposes, it will be infinitely more useless and objectionable, when connected with a system of practical directions for the treatment of disease. We are, indeed, inclined to think, that the exclusive adoption of the physiological plan for the purpose of nosological distinction, must have the effect of leading the mind of the student to assign to function a greater influence in the formation of disease than it actually possesses; and to make him overlook the important fact, that the morbid condition or affection of function, which occurs in disease, is almost invariably preceded by a change in the minute or intimate organization of some part or parts concerned in the morbid process. It must not be forgotten, that although the morbid action in which a disease consists, exercises a peculiar and determinate influence on the processes and functions of the living body, yet it by no means follows from this, that the disease consists in lesion of function only. This injury done to the function, is merely one of many phenomena, which are either necessarily and mutually connected, or spring from the same generating cause; and if these phenomena be investigated and traced to their initial point, it will not unfrequently be dis-

covered that the derangement of function does not form a very important part of the complex assemblage ; and a character founded on such a circumstance, furnishes either a very forced, or a very unnatural and useless idea of the distemper which it is intended to designate.

These observations will be rendered more clear and intelligible by an example of the inconvenience to which we allude. In Dr. Mason Good's enumeration of the diseases of the digestive function (*Cœliaca*,) it may be doubted whether all the forms of alvine looseness, are justly referred to the genus *Diarrhœa*.—Three of these at least, the mucous, serous and lenteric forms, depend on an inflamed state of the gastro-enteric villous membrane, and have a claim as strong at least as Gastritis or Enteritis, to be ranked among the diseases of the *hæmatic* class, or of the sanguineous function. Is *coryza*, which is uniformly the beginning of catarrhal inflammation, justly placed among *pneumatic* maladies with *polypus*, *rhonchus*, and the mechanical imperfections of voice ; or cough (*bex*,) which, whether *humid* or *dry*, is symptomatic of a morbid state of the bronchial membrane or lungs, justly associated with such disorders, as asthma, nightmare, and rheumatic pain of the side ? The impropriety of this mode of arranging diseases is still more evident in the instance of breast-pang (*sternalgia*, *angina pectoris*,) which our pathological information shows is not so much a disease, as an assemblage of symptoms, which depend on several organic changes in the structure of the heart. If it be proposed to defend this classification, on the plea that the morbid actions or conditions above alluded to are all connected with the function to which they are referred, it may be answered, that many other diseases or morbid actions are equally connected with it, and that the function or functions are reciprocally influenced by other maladies, which we know are not primarily seated in them.

We look on these errors, or defects, or inconveniences, as connected with the physiological system of arrangement, and not as depending on the manner in which our author has treated it.—They are perhaps more conspicuous, if possible, in the fourth class of our author, which comprehends the diseases of the nervous function. It so happens, that the functions of what has been termed the nervous system, are more imperfectly known than those of any other part of the human body. We know that they have some influence on the intellectual faculties, on the proper sensations, and on muscular motion ; but beyond this our knowledge is conjecture, and our reasoning supposition. It is known that the nervous system is connected with, or presides over, several different actions and processes in the living body—

but it has been conjectured that it is concerned in many more. Dr. M. Good, appears to have been unwilling, we would not suppose him unable, to investigate this matter, and place it in its true light; and the result is, that the most opposite and unlike maladies are grouped under the general head of diseases of the nervous function. Though sundry attempts have been recently made to prove, that the intellectual faculties and the mental emotions and passions depend on the organization of the brain, we are not however aware, that the doctrine is so firmly established as to sanction the theory which refers every variety of mental derangement to the family of nervous diseases. It is true, that in this part of his arrangement, our author may adduce the authority of Sauvages, Cullen, and most other nosological authors; but various circumstances have led us to question the solidity of the foundation so much, that we begin to consider it much more philosophical or rational, to arrange these disorders by themselves. Some experience on this point, has led us to conclude, that physicians have too little studied the phenomena of mind, as it is named in this affected age, or, in our homely but circuitous mode of speech, have given too little attention to the faculties and emotions of the human soul, and to the appetites and desires of the man,—and that metaphysicians have too much disregarded the knowledge which may be obtained from the study of the organization and properties of the parts believed to be concerned in the phenomena of thought, feeling, and passion. If this subject were investigated in the accurate and comprehensive manner in which it deserves, we might, at least, expect to learn in what situation of the nosology it is misplaced. In the mean time, whatever opinion be entertained, we are certain, that, if improvement on former nosologists was to be attempted, the troubles of the human mind and brain ought not to have been united in the same class with diseases of the eye and ear, spasmodic or convulsive motions of the muscles, and the various lethargic or comatose maladies which result from positive and palpable disorganization of the brain.

The second order of this class furnishes some very strong examples of the incongruous associations resulting from physiological arrangement. The genus *paropsis*, or morbid sight, presents thirteen species, of which two only, *amaurosis*, or retinal blindness, and *strabismus*, or squinting, can with any shadow of justice be called diseases of nervous function, and the latter is by no means, in every circumstance, of this description. Several of these species, as night-sight, day-sight, long-sight, short-sight, are mere symptoms of peculiar, unsound, states of the transparent or other textures of the organ, or depend upon variations in

the optical qualities of the transmitting media. The 8th and 9th, humoral opacity and cataract, consist in changes of the transparency of certain parts, and are totally unconnected with nervous disorder. The 7th, 10th and 12th, are still more awkwardly situated among affections of the nervous function; opaque cornea, closed pupil (*synizesis*,) and staphylome, are uniformly the result or effect of inflammation, and, if they are to be received into nosology as diseases, should occupy a place along with inflammatory affections.

It is with much reluctance that we thus venture to show the practical inconveniences of an arrangement so elaborate, and apparently so neat, as that of our author; and had it been left to its proper and legitimate glory, as a mere nosological table, we should certainly have abstained from interrupting the tranquil happiness of its existence. But when it is brought forward as the basis of a system of therapeutical instruction, we conceive it must be viewed in a very different light, and estimated according to the facility with which it contributes to the great purpose of the work in which it is introduced. The examples which we have already adduced, show, that it is often inconsistent with good principles of pathology, and thus defeats one, at least, of the essential objects of medical instruction; but they constitute by no means the most important, or even a considerable part of the inconveniences of the system. We have already adverted to the difficulty which must be experienced in arranging diseases of organization on the physiological plan; and we find, that this department has not been managed more successfully by Dr. Good, than our *a priori* notions lead us to anticipate. We will not offer our opinion on the propriety of associating, in a nosological table, such organic diseases as cancer and tubercular destruction of the lungs with mere plethora (Ord. IV. *Dys-thetica*) and hæmorrhage, because that opinion must be at variance with the notions of our author; but we fear it will require a most unwonted exertion of ingenuity to demonstrate the pathological resemblance between morbid fulness and distension of the vascular system, and the local derangement of structure which terminates in consumption or cancerous ulceration; and we are certain, that the practitioner will derive no assistance from such a constrained and artificial association.

We may here observe also, that our author's use of the term *Marasmus*, or Wasting, is too vague to be scientific, and too general to be useful. He has made it comprehend, 1st, the unknown and indefinite state called *atrophy*, which in nine of ten cases depends on internal disorganization; 2d, the condition which our ignorance has hitherto compelled us to name "Cli-

macteric decay," "Breaking up of the system," &c. ; 3d, the tabid decline of authors ; and, 4th, the wasting process of pulmonary destruction. Now, however systematic, or even beautiful, such arrangements may be in the eye of the physician, who merely looks to the outward or obvious traces of disease, they cannot fail to be highly absurd in the opinion of those who look beyond symptoms, and found their distinctions on pathological characters. We have not leisure to show all the merits or errors of this division ; but we cannot allow it to pass without observing, that the term *tabes*, or "decline," ought to be expunged from nosographic language, and the distempers which it is employed to indicate should be referred to their true situation. Of the four varieties enumerated by our author, and adopted, indeed, from previous nosologists, the first and third, purulent and scrophulous decline, must evidently pertain to another place (*Parabysma*) of the arrangement ; the second (*Venenata*), depending on poison, would, if carefully examined, prove to belong either to the painters' colic, or to some process of visceral derangement or destruction ; and the fourth (*Dorsalis*), would in like manner be found to indicate either a disorder of the genital organs, or another disease which had been previously latent, but subsequently called into action by the operation of a powerful exciting cause.

It is indeed but too evident, that the physiological system is fraught with difficulties in the collocation of diseases of disorganization, which not even the ingenuity and precise intellect of Dr. Good have been able to remove or surmount. It is to this cause that must be ascribed the error of referring various forms of visceral disorganization, under the name of *parabysma* (*coaccervation, infarction*), to the class of coeliac disorders, or diseases of the digestive function. Though it cannot be denied that, when the spleen or liver are enlarged, hardened, or tuberculated, the function of digestion or alimentation is ultimately injured, it ought to be remembered, that the local change of organization is originally unconnected with this functional derangement, and is indeed dependent on the structure and vascular system of the organ itself. The mesenteric, intestinal, and omental forms of *parabysma*, are still more improperly placed in this part of the system, since they consist in very marked, and sometimes different forms of organic change, or of new-formed structure. To the same cause must we ascribe the entire want of any place for organic affections of the brain, unless we refer them, with megrim and sick-headach, to the genus of *Cephalæa*, the fourth order of the Neurotic class. Here, however, we find such moderate distempers as Restlessness, Antipa-

thy, and symptoms converted into diseases, in the instances of Sleepiness, Dizziness, and Fainting. To the same cause, lastly, must we ascribe the mottled and heterogeneous aspect of the Sixth Class,—the maladies of the excrement function. By the physiological principle of our author, this class is made to comprehend the various species of Sarcomatous, Encysted, and Bony Tumours, under the general term of *Emphyema*; immediately afterwards, the different diseases of Bones; Dropsies; Emphysema; all the various and opposite forms of disordered urinary secretion, from whatever cause they arise; variations in the cutaneous discharge; many cutaneous eruptions; parasitical animals in the skin; unhealthy states of the cuticle and of the hair; and, lastly, various malformations of the skin. Now, it is hardly conceivable, that a sarcomatous tumour, a bony growth, or a rickety softening of the skeleton, should arise from the same functional derangement as dropsy, emphysema, or a cutaneous eruption; and although the arrangement were physiologically well-founded, which we are disposed to question, it only proves more evidently the absurdity of the scheme, when applied to the purposes of practical medicine.

The observations which we have hitherto made, allude to those objections only to which the physiological mode of arrangement in general is liable. We have, however, to notice those which are not necessarily connected with it, and which are more to be ascribed to incorrect or erroneous views of our author. These we are glad to find are not very numerous, but are still sufficiently important to claim passing attention, and more particularly because they imply pathological notions which we did not think could now be maintained, and which we should be happy to see banished from schools of medicine and the books of physicians.

The tribe of inflammatory diseases is the most important in any classification, whether nosological or practical,—whether we regard their frequency, their danger, or the certainty with which they may be controlled; and in every work which professes to unfold the history and treatment of disease, the numerous individuals of which this family consists, ought to be placed in such order and relationship as their common characters and individual peculiarities most manifestly require. We are quite unable to discover the propriety of making visceral inflammation (*Empresma, incendium*, Anglice inburning,) a genus comprehending no fewer than eighteen species, none of which bear a very close affinity to each other, and converting Ophthalmia with six species, Catarrh with two, and Dysentery with two, into separate genera. Is it requisite for us to ask, with what justice cerebral

inflammation (*Cephalitis*) can be made a species of the same genus with bronchial or gastric inflammation? or how the ear-ach can be justly referred to the same genus with inflammation of the liver or spleen? The term, Visceral inflammation, is, of itself, too vague for the precision of modern pathology. If it be granted, which we are not much disposed to do, that, in compliance with the practice of the ancient anatomists and aruspices, the term Bowel, or *viscus*, be applied not only to the heart, lungs, and liver, and the several parts of the intestinal tube, but also to the brain, to the kidney, to the womb, and to the testicle, we cannot with any shadow of propriety apply the same term to the ear, the parotid gland, the throat, or the larynx;—or, if we shall extend the term so generally, why not apply it to the eye also? Catarrh and dysentery are, in our judgment, as much visceral inflammations as Bronchitis and Enteritis; and we must acknowledge our inability to discover the reasons, which induced the author to assign them a place as genera distinct from the others. We look on this mode of classification as the extreme love of physiological distinction, and, in this spirit, producing a degree of inconsistency with itself, and confusion, which defeats its own object. The only physiological similarity on which our author can rest his defence of this constrained association is, that the several parts to which he has allotted the species of visceral inflammation to which we allude, possess a vascular system; and the most ardent lover of nosological distinction would exhaust all his ingenuity either in uniting diseases so unlike on a principle so general, or in converting the arrangement to any useful purpose. Some of these evils might have been avoided, by subdividing this extensive *genus* of visceral inflammation, and placing together those species which are most similar. A sufficiently rational ground of association would have been derived from similarity or identity of anatomical structure, so as to have united the inflammations of villous surfaces into one genus, or sub-genus, those of serous parts into another, and those of the compound organs into a third. This device would have had the further advantage of not increasing the number of individual genera; for, by the nature of its construction, the three subsequent genera of Ophthalmy, Catarrh and Dysentery, would have easily come under some part or other of the general heads, and thus have lost the individual stations, which they at present so awkwardly occupy.

In some parts of this class (*Haematica*), Dr. Good has unnecessarily augmented the number of genera, by subdividing a single disease into two, according as it differs in its commencement and termination. Thus, Abscess (*Apostema*), which is uni-

formly the consequence of some degree or form of the inflammatory process, is very improperly converted into a separate genus, including several species ; nor is ulcer with greater propriety made to appear as an independent malady. We may here remark, that caries and carious ulcer cannot both be rightly placed. They certainly signify the same thing, viz. the slow ulcerative absorption of bone, which, on the one hand, is very different either from Necrosis (*gangrene seche*.) or any other form of gangrene, and, on the other, is the material cause of the ulcer of the soft parts, which has procured it from our author its situation under that latter genus.

We have occupied so considerable a proportion of our space and time in the examination of this part of our author's work, that we can only remark further, that several of the genera referred to the order *Cenotica*, class *Genetica*, are rather symptoms of particular diseases than actual diseases themselves ; and, what is more blameable, they are symptoms of inflammation occurring very nearly in similar circumstances to those in which this action is developed in other parts of the system. This is the case with several of the forms of Whites, or *Leucorrhæa*, of Clap, or *Blennorrhæa*, which is a true urethral or vaginal inflammation ; and even most of the cases of obstructed menstruation should be viewed in no other light than as symptoms of a morbid state of the womb or its appendages. It is, indeed, a general result of this system, or of our author's mode of managing it, that symptoms are converted into diseases, and true diseases either dwindled into nothings, or admitted only as they are capable of being ascribed to some derangement in function or process of the living body.

2. *Nosography and Semeiography.* While we have been constrained to speak some truths which may not be very gratifying, on the subject of our author's arrangement and nosological distinctions, it is with extreme pleasure that we bear testimony to the general excellence of the nosographical part of his work. This is unquestionably the best and most redeeming part, as people speak, of the whole book. The semeiographic descriptions are clear, precise, and in general faithful, and conveyed in language neither too fine for the subject, nor too plain or slovenly. To say that they are instructive is but cold and inadequate praise ; and we are certain that the reader will not only derive useful and curious information from their perusal, but will be much gratified by the valuable literary notices with which the author has occasionally enriched his descriptions. Even on wellknown subjects, Dr. Good has contrived to collect and communicate a great proportion of information which cannot fail to

command interest. On maladies which former authors either described imperfectly, or omitted, or did not know, our author has dwelt with much advantage to his readers; and we have no hesitation in recommending this part of the Study of Medicine, as containing the most valuable and extensive collection of nosographical information extant. It is unnecessary to refer to any description in particular; they are in general accurately done, and show very happily and usefully the extensive learning and elaborate research for which Dr. Good is distinguished.

3. *Pathology.* The pathological part is less happily performed, and appears, next to the nosological, to be the least perfect of our author's work. This, we conceive, has in some degree arisen from the principles by which he has been guided in the formation of his nosology; and the particular defects, to which we allude, will be easily understood from the observations to which that part has already given rise. The greatest blemish, perhaps, in this otherwise excellent and elaborate work, is, that pathological principles and distinctions are kept greatly too much out of view; and while the author has been anxious to give a view of the healthy functions of the living body, and of the morbid derangements to which they are liable, he has omitted to show, or to investigate, the intimate nature of the morbid processes incident to the organic tissues, and of their effects on the general system. Though the first of these objects is undoubtedly very important, it is however undeniable, that the second is equally so; and no system of practical instructions, or of therapeutics, can be regarded as perfect, or even as useful, in which pathology is either incompletely taught, or much neglected. Of the two kinds of pathology known in the schools under the distinctive appellations of General and Special, it is the latter that is here, and on all occasions, the most useful to the rational physician. We are, indeed, inclined to doubt the wisdom of admitting such a thing as General Pathology into the science of medicine, or its didactic and practical treatises, in the present state of the art. All general and comprehensive theories of disease, or of morbid actions, are liable to be exceedingly fallacious; and, perhaps, many of the evils with which the healing art has been unjustly charged, are to be ascribed to the spirit of establishing general views of disease, and applying them to the explanation of many individual cases, when the first object should have been, to understand the pathology and characters of these individual cases, and to have employed a numerous and extensive collection of them for the purpose of establishing the general principles. It is a sparing or imperfect statement of pathological facts, sometimes their entire omission, in

the history of individual diseases, that constitutes the most serious defect in the present work, considered as an assistant to the student or practitioner. Our limits and general plan will not permit us to enter into any minute criticism of this part of the Study of Medicine; and our readers must be satisfied with general notice of the circumstance. It is not, however, our intention to say, that our author is quite deficient in pathological information; for in many instances he unfolds very just, and sometimes ingenious views of the morbid process, its causes and effects. But in general there is much less of this than corresponds with the taste and knowledge of the present day; and his pathology of organic diseases is by no means the perfect and luminous exposition which it ought to have been, and which the recent improvements in this department of science demanded.

Therapeutics. The information which our author has collected on this subject, is extensive, and conveyed in a very interesting manner. Much of it is new, and relates to articles which are either little known or little used in the medical treatment of this country. The order, however, in which it is communicated, is not exactly the best for a work on the treatment of diseases. The enumeration and history of remedies, indeed, which Dr. Good has given, may be regarded as a great and magnificent system of *materia medica*—as a history of the medical or physiological effects of all the articles or means that have been used by physicians, surgeons, accoucheurs, empirics, patentees, in ancient and in modern times, in Egypt, in India, in Palestine, in Greece, in Italy, in France, in Germany, in England, in America, and, in short, in every situation in which remedies have been used for removing or relieving the ailments of men. The extensive and accurate learning, and the curious research with which Dr. Good has illustrated and adorned this, among other parts of his work, have given it a charm which is not often found in medical writings; and the reader who is attracted merely by his general love of science, would find more pleasure in the perusal of Dr. Good's descriptions, than in any other work in the whole compass of medical literature. To the young physician, however, qualities of another character are requisite. It is his interest, in perceiving how a disease is to be controlled, to know, as exactly as the subject admits, to what part of the morbid process he is to accommodate his curative means, and what species of curative means is peculiarly indicated. It is therefore less necessary to be told, that the leaves or the root of one plant, or the bark or wood of another, have been found useful in curing, as is generally said, any disorder, or in arresting the progress of any disease;—or to be informed that an

eminent physician was very successful in his treatment of any particular disease, by the exhibition of some metallic salt, or some unknown and mysterious preparation,—than to see the curative indications naturally and directly deduced from a correct view of pathological facts, and a just notion of the morbid process which these facts indicate. The inattention, indeed, with which our author has unfolded the pathological characters of many diseases, has made him completely overlook this essential requisite of a didactic treatise. We rarely meet, in the *Study of Medicine*, with any attempt to form correct therapeutic principles, or to show by what remedial means, or by what agents of the *Materia Medica* the purposes which these principles indicate, are to be effected. The extensive reading, and the accurate learning of the author, are, on the contrary, employed almost entirely in the history of all the means that have ever been tried in relieving human suffering; and, instead of a rational and systematic view of the means likely to do good, the mind of the reader is lost in the endless and bewildering variety of agents which have, each in their turn, nearly equal claims on his confidence. The worst effect which this system of therapeutic instruction is calculated to produce, is that of empiricism on the one hand, and want of decision on the other; and the mind of the practitioner will be divided by the multiplicity and variety of reputed remedies, instead of looking with a steady eye on the morbid action, and the means of controlling it, or bringing it to its natural termination without injury to the economy.

In expressing the foregoing opinions on the merits or errors of the *Study of Medicine*, we shall perhaps appear, especially to the author and his friends, to have been more severe in our strictures than the general merits and other qualities of the work justly warrant. We think it is now time to say, that, notwithstanding its manifest defects and errors, as a guide to the practitioner, the *Study of Medicine* is, however, one of the best and most valuable elementary works which has been published, for many years. We will not admit that it is a good system of the practice of physic, that it will be a useful text-book to the student, or a treasure of reference to the advanced practitioner; but we give it as our decided and sincere opinion, that it will be read and studied with much advantage by every class of medical readers, and that it will be particularly useful to those who are engaged in the *Study of Physiology*, and the *Institutions of medicine*. The physiological dissertations which are prefixed to each class of diseases, contain much useful and accurate information, disposed in an agreeable and interesting form.

These may be accounted the best part of the book ; and we are happy to bear this testimony to the character of a work, which its peculiar arrangement and its pathological and therapeutic inconveniences prevents us from esteeming an effectual or confidential guide to the practitioner. The work of Dr. Good is indeed a system of the Institutions of Medicine, rather than the Practice of Physic, and the author may therefore consistently enough with the name he has chosen, defend its general arrangement and construction. It may undoubtedly be said, that Dr. Good has written a work on the Study of Medicine, in which he unfolds the formation of those unhealthy states which consist chiefly in derangement of function, and shows the student, while he instructs him in physiology, or the state of the human body in health, the various morbid changes which may occur, and the relation in which they stand to the healthy actions. This, however, is the sole merit, and the true character of the work ; and it would require neither few nor inconsiderable alterations in arrangement, numerous accessions and improvements in pathological information, and a totally different mode of unfolding the therapeutic details, to render it even moderately useful as a system of instructions on the healing art.

To conclude, we regard the present work in the light of an experiment made to determine the real merit of the distinctions afforded by physiology as the foundation of a system of practical medical knowledge ; and it appears to us quite evident, that the result is a satisfactory proof, that in the present state of physiological science at least, it is quite unfitted for the purposes intended. Dr. Good is a physician of acknowledged talents, of learning and information, not only more extensive and accurate than most of our profession, but such as will justly enable him to bear comparison with the majority of distinguished scholars ; and his opportunities of professional information are certainly quite equal, in many instances much superior, to those which are generally enjoyed by authors of elementary works. Yet, with all these advantages, we have seen that the work which he has produced, though possessed of great and various merit, is not to be viewed as a scientific and faultless system of pathology and therapeutics. These defects are undoubtedly to be chiefly, if not entirely, ascribed to the order in which the author has arranged his materials, and to the resolution to which he adheres, of adopting the physiological plan of nosology throughout. It is mainly to this cause, as we have seen, that the defects of the Study of Medicine as a pathological work are to be imputed,—and we think it cannot be doubted, that the want of clear therapeutic principles originates from the same cause. Had the valuable materials

which our author's learning and industry have enabled him to accumulate, been disposed in a form more directly suited to the nature and distinctive characters of human disorders, and to the means by which they are known to be controlled or alleviated,—had our author, in short, in composing a treatise on the history and treatment of diseases, deemed it unnecessary to adopt the arrangement and distinctions of his nosological work,—had he fixed his eyes steadily and closely on the pathological characters and organic distinctions, rather than on the physiological relations of disease, he would have produced a system which, without losing the advantages of the present work, would have had the further merit of being much more useful to the clinical student, and the active practitioner.

MONTHLY SUMMARY OF PRACTICAL MEDICINE.

I. ANATOMY AND PHYSIOLOGY.

M. BEGIN's *case of a Wounded Soldier.*

On leaving Moscow, in the disastrous campaign of 1812, the tenor of my sensations led me to make an excursion over the fields which were one of the latest and most brilliant theatres of our military glory,—the fields on which had been fought the battle of the Moscowa. The villages which had surrounded them were all destroyed; the calmness of death reigned over those plains where, only a few days previously, six hundred thousand men disputed a victory, the consequences of which were to become so fatal to the welfare of France. Our army, already overwhelmed with ills of every kind, passed in silence, and almost without recognizing them, the very places which had been rendered immortal by its valour. At the extremity of the open country bordering the road, and near to the confines of a forest, I was suddenly roused from my reverie by cries of lamentation that seemed to come from a spot very near to me. I looked around in vain; I could see nothing but putrifying bodies. The complaints, however, continued, and I could not then doubt that a living man was hidden among the adjacent ruins. Having descended from my horse, I, after much pains and long researches, discovered at the bottom of a ditch bordering on a bastion, and in the interior of a horse, a Russian soldier,

whose leg had been carried away by the charge of a cannon. The unfortunate man had escaped the attention of those who, soon after the battle, had gone over the field for the succour of the wounded ; and he had remained there for six weeks, finding in the body of the animal his food and habitation. He had deprived the ribs of their flesh, and removed the internal parts, and thus converted the thorax into a sort of cage, still enveloped with the skin, in which he lay in a half-recumbent posture. An abundance of pus flowed from his wound, and added to the stench of the carcase on which he fed. Several other horses, lying near to that in which he was situate, bore marks of his voracity ; large pieces of them having been detached by means of an old knife which he had about him. This man seemed to be hardly sensible of the danger he had encountered. He was pale and meagre, but his strength appeared to be but little diminished ; and his movements were characterized by firmness and assurance. The surface of the stump, which was exposed, was unequal, but covered with granulations of a favourable appearance.—*Med. and Phys. Journal.*

Effects of the Extirpation of the Kidneys.

MM. Prevost and Dumas, while endeavouring to ascertain the precise nature of the function of the kidneys, were led to observe the following singular effects, after these organs were extirpated. One kidney may be removed from dogs, cats, and rabbits (which were the only animals operated on,) with little immediate, and no ultimate inconvenience. Even the extirpation of the other produces at first but little injury ; the wound even heals ; but in three days the animal is served with profuse vomiting and purging of a brown liquid matter ; the pulse rises to 200, the breathing becomes rapid, the heat fluctuates to the 9th degree of Fahrenheit above and below the natural standard ; and death takes place betwixt the 5th and 9th day. The inspection of the body shows the effusion of serum pretty abundantly into the ventricles of the brain, slight condensation of the lungs and mucus in the bronchiæ, more or less inflammation of liver and distention of the gall-bladder, and great contraction of the bladder of urine. These phenomena have been formerly noticed in part by Haller and Richerand ; but have never before been so accurately determined. Not long after the extirpation of both kidneys, Urea may be discovered in the blood, as appears from the following analysis. The blood was more serous

than natural. Its serum and crassamentum being dried and boiled in water, the solution was evaporated, and the solid matter subjected to the action of alcohol. The residue, after the evaporation of the alcohol, weighed twice as much as that procured from the healthy blood of the same species of animal; and *concreted into a white crystalline mass when acted on by nitric acid.* This, when purified by a simple process, furnished scales of a pure pearly-white colour, being the nitrate of urea. From this important fact, viz. that urea exists in the blood, when the kidneys have been removed, MM. Prevost and Dumas have inferred, that "the kidney is nothing more than an *eliminating* surface like the skin, and that we are still ignorant where the urea and other principles of the urine are formed." Their experiments have been confirmed by Segalas and Vauquelin.—*Ed. Med. and Surg. Journal.*

II. SURGERY AND MIDWIFERY.

Mr. BAYFIELD on the operation of Cupping.

For general purposes, let the scarificator be set so that the points of the lancets project from the face of the box to the distance of one quarter of an inch.

There are particular exceptions to this rule; when the operation is to be performed behind the ears, the depth of the lancets should be one seventh of an inch; for the temple one eighth, and for the scalp one sixth of an inch.

The next step is to select a spot (on the part chosen for the operation) where each glass is to be affixed. It should be free from the projection of any process of bone, and yet not be overloaded with fat.

The part therefore should be carefully examined with the fingers; and an eligible spot being found, the glass should be placed upon it, for the purpose of adjusting its exact situation, and to serve as a guide to the eye in its subsequent application.

The number of glasses which should be used must be determined according as the part is adapted to receive them, and to the quantity of blood necessary to be drawn. About one glass to every four ounces required is the usual ratio; so that if it be wished to take away eighteen or twenty ounces, and the part will allow of their application, four or five glasses may be put on; as the abdomen, the back, &c.: but there are few parts where more than four can be applied conveniently, and often not more than two or three; as on the upper part of the neck,

for instance ; and sometimes but one, as on the temple, &c. Three cups usually extract from five to seven ounces of blood at each application.

Some hot water is now to be put into a basin, and the cups are to be immersed in it till they become warm. The part itself should be fomented with hot water ; and the operator having poured two or three drams of the spirit into a cup or glass, takes the torch in his right hand, and a cupping glass in the left, and places the lower edge of the glass in contact with the skin, (in the exact spot where it is to be affixed) elevating the edge at the opposite side of the glass about an inch and a half from the skin ; the wick of the torch is now to be dipped into the spirit, lighted at the taper, and carried under the glass to its centre, where it is suffered to remain about two seconds ; it is then to be withdrawn quickly, and if it has been properly performed, the operator will feel the glass sink from his fingers, and fix itself to the part ; the skin rising slowly into the glass until it occupies nearly one third of the space within it.

The glass having remained affixed about a minute (during which time the top of the scarificator-box should be warmed on the palm of the hand,) the operator holding the scarificator in his right hand, takes hold of the glass with his left, and insinuating one of the finger-nails of his right hand beneath the glass, the air rushes into it. He instantly removes the glass, and before the tumefaction has subsided, springs a lancet through the integuments. The glass is then immediately exhausted, and applied as before, when the blood will be observed to flow copiously.

On the Reunion of Wounds after great Operations.

M. Lisfranc, in a very elaborate memoir on a new mode of performing amputation at the hip-joint, has observed, that to prevent consecutive hemorrhage after this and other great operations, M. Dupuytren proposes to delay the dressing of the wound for two or three hours. Lisfranc himself has found, by many experiments on animals, and some trials on man, that, when the wound is left exposed till the oozing of blood has ceased, and is then carefully wiped, immediate adhesion is much more frequent than after the usual mode of management. Hemorrhage, he adds, is always most hazardous after the wound has been dressed ; time is lost in removing the dressings ; they often adhere firmly to the wound, so as to cause more pain by

their removal than the operation itself; and the clots deposited in the cavity of the wound, though M. Serres has found them sometimes organized, may nevertheless play occasionally the part of foreign bodies, hindering adhesion, and exciting dangerous inflammation. The practice here recommended has been for some time employed by several London surgeons, and has also, we believe, been tried in this city. It is very favourably spoken of by all who have had recourse to it. A delay, however, of half an hour, or three quarters of an hour, has generally appeared quite sufficient for the oozing of blood to cease.

III. PATHOLOGY AND THERAPEUTICS.

Mr. HowSHIP on *Incontinence of Urine.*

Incontinence of urine is a complaint principally occurring in early youth, although not unknown in later periods of life.—Aged persons, subject to stricture or to affection of prostrate gland, are occasionally distressed by want of power to retain their urine, which, notwithstanding, is in these cases a symptom of a full bladder.

The involuntary discharge of urine during sleep has been variously accounted for, but it seems to me that a moment's consideration will clearly explain it. The general muscular coat of the cavity of the bladder may be regarded as an involuntary muscle; while, on the contrary, the circular band of muscular fibres surrounding its neck is, to a certain degree, obedient to volition. Now, we know very well that a state of repose relaxes very much the whole system of voluntary muscles, exerting little or no influence over the system of involuntary movements. Upon this principle, it is evident an involuntary flow of urine might more readily occur during sleep, than while awake. There is, however, I believe, another circumstance tending to explain how it happens. In the majority of cases, the early age of the child prevents the ascertaining whether the urine flows during a state of positive oblivion, or whether this event takes place only under some particular mental impression. The latter state, I rather believe, is mostly an invariable condition. Intimately acquainted with a young person, in early youth long subject to this habit, he mentioned to me one circumstance that, upon these occasions, had often struck him as curious: it was, that he never at any time wetted the bed, unless, when engaged in a dream, he felt the accustomed uneasi-

ness from desire to make water, and fancy immediately supplying what was wanting in time and place, the act of voiding it became, in point of fact, as perfectly voluntary as at any other time.

* * *

Where this disorder occurs in the adult as a simple affection, it is generally either the consequence of some paralytic affection at the neck of the bladder, or of some violent distention of the urethra.

* * *

Incontinence of urine in the female is sometimes induced by difficult labour. In a recent case of this kind in a young woman, who, at the request of the midwife was kindly visited by Dr. Merriman, the labour was not considered such a one as should lead to ulceration or sloughing of the bladder; but, as she had scarcely any power of retention five weeks after delivery, I was requested to call upon her, examine her state, and consider whether any thing could be done for her relief. The orifice of the urethra I found irritable and red. I first passed the smooth blades of a light pair of polypus forceps (the blades of which were rather long,) just so far into the urethra as to reach the bladder; and then very gently and slowly expanded the blades, by pressing my fingers by degrees between the handles. In two or three minutes I removed the forceps, and introduced my fore finger, perceiving in my progress a strong and tight thread which surrounded the canal at one part, the rest of the urethra relaxing very freely. This narrow ligature at first prevented the easy introduction of the finger, till it probably ruptured, as I felt no more of it, and found more freedom in then examining the cavity of the bladder with the one finger, while I followed it by another introduced per vaginam, without perceiving any trace of wound or ulceration. A few drops of blood followed the operation. Calling some days after, I was agreeably surprised on finding that, since the dilatation of the urethra, (the urine previously almost always dropping away, but never passing in a full stream,) she had now the power of retaining nearly as long as she pleased, and also of voiding in a free and large stream, 'as in health.' She soon entirely recovered.

Incontinence of urine, it is true, does not expose the patient to such serious consequences as are induced by retention; but it nevertheless subjects him to inconveniences extremely distressing to one who is still desirous to enjoy some of the comforts of society. The clothes, always moistened and wet with

urine, acquiring at length so strong a smell as to be offensive to himself, and particularly so to all around him.

Incontinence of urine in young subjects is generally very easily removed. All that is commonly required is to stimulate, to a certain degree, the neck of the bladder ; and this is most conveniently accomplished by the application of a small blister to the loins, or, if that fails, to the perineum, the blister being for some time kept open, and dressed occasionally with the ung. lyttæ. The object is to keep up a degree of irritation at the neck of the bladder during a certain period, by which the parts are roused into action ; and I believe this plan, simple as it is, will generally answer : at least, I have very frequently seen it succeed, but never known it to fail.

Where this complaint occurs in the adult, induced by fatigue of the parts, from excessive debauchery, or perhaps the consequence of a slight paralytic affection, I know of no better mode of treatment than that just mentioned. A blister will here, however, sometimes fail ; and, when this is the case, the tinct. lyttæ may be given internally, so as to answer the same purpose."

In the instance of slight paralytic affections of the bladder, which occur in conjunction with other symptoms of paralysis, in addition to the means of cure proposed by Mr. Howship, we have found, upon more than one occasion, the best effects to follow the regular use of the catheter, twice or three times in the course of the day, relieving the bladder from too great an accumulation of urine, and permitting the muscular coat gradually to recover its tone. This short chapter concludes with a case of incontinence of urine, from using large bougies for a supposed stricture ; and which we conceive to be instructive, as a warning to those surgeons who advocate the use of instruments of dimensions so enormous, and which we have seen with astonishment—we had almost said, with horror.

" Oct. 20, 1818, I was consulted by a gentleman for stricture. He stated that, two years since, he was in town, under a surgeon of eminence in London, who told him his complaint was stricture, and passed in succession different-sized metallic bougies, for several weeks ; and then directed him to take a set with him down to Scotland, and pass them occasionally for himself. He produced the instruments, and the largest size (full half an inch in diameter) astonished me ; though he said he could pass it, and proposed my seeing him do so. This, however, I objected to, saying I believed what he said, that it would in general find an obstruction before it had gone far ; and well it might, while the urethra had any feeling ; that the only symptom of which he complained, a want of power of retention, would hardly sub-

side while he used any instrument of that size—it being, in my judgment, not only unreasonable, but ridiculous, to think of passing such a bougie. In looking over his case of instruments, I selected the smallest of twelve, passed it as a full size into the bladder, without the least hindrance ; and stated to him it was very clear there was no stricture at present, but that he could not go a more ready way to work, to produce either that or some other mischief in the canal, than by forcing in an instrument so much beyond the natural power of the urethra to receive, as that he had just shown me. To this he replied, by admitting the introduction of the largest size had frequently brought on irritation about the prostrate gland.

“I advised that he should do nothing ; considering it most probable that, by discontinuing the use of instruments, the bladder would by degrees recover perfectly its power of retention.”

The second chapter, on *retention of urine*, first details some of the more rare forms of this disease—such as retention in the ureters from calculi or hydatids ; and then proceeds to consider the case of retention in the bladder, and its causes, and which he reduces to three general heads : “First, those affections in which the coats of the bladder are deprived of their contractile force, from age, excess, the abuse of diuretics, affection of the brain or spinal marrow, over-distention, inflammation or spasm of the bladder, &c. Second, affections from causes within the cavity of the bladder, fungous tumor, coagulum of blood, extremely tenacious mucous, or albuminous matter effused from its inner membrane, &c. Third, affections, the consequence of displacement either of the bladder or other viscera, producing pressure on the urethra, or tumors, which in their development produce the same effect.” Each of these forms of retention are exemplified by one or more cases, but which the limits of a review do not permit us to extract, though some, especially of the more rare forms of disease, are interesting and instructive. In the midst of these cases of retention, we find, from page 256 to 276, a section devoted to the consideration of gonorrhœa, in which Mr. Howship advocates the old fashioned practice of dilution, antiphlogistics, &c. Not one word is said relative to the power of cubebs, nor the propriety of an early use of astringent injections in the first outset of the disease, and before the inflammatory symptoms have become established.—In fact, Mr. Howship’s plan of treatment is adapted, and well adapted to the most aggravated form of this affection in a very irritable constitution ; but it must be admitted that the majority of those who contract gonorrhœa would never submit to so dilatory a plan of cure ; neither is there commonly any necessity

to subject them to it. What would a young gentleman say, for instance, to his surgeon, who should tell him "that in the course of a few weeks the inflammatory symptoms of his gonorrhœa would subside, the only remaining circumstance being a discharge from the urethra?" We are afraid that he would be apt to get out of humour with this circumstance, and his surgeon also.—*London Medical and Physical Journal.*

Dr. CHISHOLM on Phthisis.

When purulent expectoration, laborious respiration, pain in the left side, emaciation, hectic flushings, and other symptoms of impending, or actually formed phthisis, are observed, there is no safety by remaining in the climate. It must be immediately changed, or measures must be adopted which, in their effect, may in some degree be equivalent, otherwise death is inevitable. A sea-voyage and a temperate or cold climate, present the only, or at least, the best chance of life. Medicine in this case, with a view to cure, is totally useless; and only tends to raise hopes which never can be realized, or to lull the unfortunate patient into a fatal security. If a voyage to any part of North America, Great Britain or Ireland, or to the Bermudas, cannot be accomplished, from deficiency of means to defray the expense, the next best measure will be to cruise among the islands. To remain stationary is to wait the certain approach of death. The instances of the benefit derived from frequent change of climate are many. I have known life preserved and rendered comfortable for many years, by a plan of this kind. I shall mention only one instance—a gentleman who had often been my patient in Grenada, adopted it with complete success. His phthisical constitution was formed, within the tropics in early life, by neglect and improper treatment of pulmonary inflammation.—He possessed the power of change, and was relieved in North America.—But after a few months residence there, the symptoms began again to develope, and he returned to Grenada. He was, again, apparently restored to health; but after two years residence, he became again unwell; and now changed to his native country, Scotland, where he recovered and remained some time. But his complaint then returned, and for relief he resorted to the tropics. In about six years, by thus constantly changing the climate, on the re-appearance of the symptoms of phthisis, this gentleman had his health perfectly well established; as a security, however, and being possessed of ample fortune, he continued to make a frequent interchange of climate. The

fatal insurrection in Grenada in the year 1795, was at length, the cause of his death; for having made great exertions in the cruel warfare consequent upon that calamitous event, which his constitution was not equal to, he sunk under them, after more than twenty years of well established health.

A method of cure of *phthisis pulmonalis*, different in the means, but not dissimilar in principle, to that mentioned in the last paragraph, has been for some time adopted, with very considerable success.—In one case, a youth of eighteen, a near relative of my own, the practice was used, certainly with great benefit.—The practice employed in this case, was begun by sponging the chest and arms with a mixture of one part of vinegar and two of water, made moderately warm; this was immediately followed by dry friction with a flesh brush, or a piece of flannel. After a short time this was done to the whole body, that is, the sponging and dry friction daily, gradually reducing the mixture to coldness.—When this was done so long as to produce an evident change for the better, in the symptoms, the vinegar was used alone at night, and cold water in the morning. The diet was nourishing, but simple, and consisted in equal but small proportions of animal and vegetable food.—A little wine diluted with water at first, was allowed, afterwards it was allowed plain. The only medicine given was the following. Two ounces of bark were boiled in a quart of water for ten minutes—it was strained, and two ounces of the tincture of bark, and a pint of port wine were then added. Of this a wine-glass full was taken every day.—Moderate and amusing exercise was enjoyed in the open air.—This plan adopted with great benefit in the case of my relative is pretty nearly the same as Dr. Stewart's, as described in a letter, I believe, from himself, and published by Dr. Sutton.—*Med. Chir. Review*.

Dr. PRING on the *Treatment of Cutaneous Diseases*.

Those who have written on diseases of the skin, with great appearance of learning and connoisseurship, have done little more than multiply unnecessary and trivial distinctions, and propose a jargon of barbarous terms, which none but persons of very corrupt taste will take the trouble to remember. I do not, in the works alluded to, remember to have met with any thing like a principle of the pathology and treatment of these diseases. In this place it is necessary only to remark, that, as we have seen, in our analysis of the relations of disorders of the digestive organs, diseases of the skin are variously connected with

such disorder ; so a long continued treatment, by small doses of blue pill, perhaps with colocynth or aloes and ipecacuanha, will cure many of them, without recurring to the more powerful agency of calomel, corrosive sublimate, or arsenic : and as a local application, hartshorn and water, in the proportion of a dram of the former to an ounce of the latter, is almost a specific in many chronic diseases of the skin, attended either with lymphatic or pustular eruptions, whether confined to one spot or extending over a whole limb. The effect of this stimulus is to exchange a peculiar for a common inflammation ; and I presume, by the same mode, liquor potassæ, and turpentine, will cure tinea capitis : the proportion of hartshorn is to be regulated by the irritability of the surface, and either applied constantly or occasionally, according to circumstances. This remedy has long been employed in erysipelas, and I have used it with great success in almost every case of disease of the skin described above, which has fallen under this treatment : if continued after the specific character of the disease seems to be subdued, it appears to irritate and produce troublesome exfoliations of the cuticle."

"1. The most effectual of the external applications are sulphur, tar, the different forms of mercurial ointment, hartshorn, zinc, acetate of lead, spirit of turpentine employed with oil as a liniment, which I have found successful in some inveterate diseases of the scalp, &c. All these remedies tend obviously to produce what is called a new action. 2. The internal ones, which act chiefly on the skin, are sulphur, arsenic, ammonia ; these produce heat of skin, temporary fever, and thus substitute an artificial for a natural diseased action. 3. The remedies which cure diseases of the skin by their action upon related seats, and may be regarded as means of revulsion, are purgatives, emetic tartar, calomel, corrosive sublimate, nitre, &c."

DESMOULINS on the Pathology of Yellow Fever.

M. A. Desmoulins has laid before the Institute a paper on this subject, in which he has come to the following important conclusions :—

1st. That there is not in yellow fever any increased secretion of bile. 2d. That both the black coloured substances vomited and evacuated per anum, are exhalations from the coats of the intestines. 3d. That the yellow colour of the skin takes its rise from an elaboration of the blood, in the corpus mu-

cosum of the skin, in which a sanguineous congestion is established by a determination, simultaneous with, and analagous to, that which produces the hemorrhage from the mucus membrane of the intestines. 4. That the more dense structure of the cutis is the only reason why hemorrhage does not take place from it. 5th. That the yellow tinge of the skin is merely a species of ecchymosis. 6th. In a word, that the yellow fever is nothing else than a determination of blood to the skin and mucus membranes, the effects of which are diversified on these surfaces by the different degrees of the intensity of the determination combined with the unequal permeability of the membranes.

These different propositions are supported by a number of ingenious, and, in many cases, conclusive arguments, of which our limits will only admit an outline. In several cases where the black vomit had occurred, the stomach, after death, was found filled with the same matter, while the pylorus was entirely obstructed by schirrus, proving that water could not come from the liver; nay, Dr. Ffirth discovered this dark substance completely formed in the arteries of the stomach. Authenrieth, and several others, have observed the serum to be yellow in diseases free from any biliary complication; in the bodies of children who were born with the yellow gum, no indications of hepatic disease could be discovered, nor in a case of this kind, examined by M. Lassaigue, could the least trace of bile, or of any of its elements, be found either in the serum or the fibrine, or in the coloured particles of the blood. Some old men have become yellow, and yet enjoyed good health; and some nations have a permanent yellow tinge. This colour cannot, therefore, in all cases be the effect of bile, and in the yellow fever is most probably owing to the elaboration of the blood in the corpus mucosum Malphigi.

In conclusion, M. Desmoulins thinks he can perceive a conformity of the symptoms of yellow fever with those in the diseases produced in dogs, in the experiments of M. Gaspard, by the transmission into their veins of the fœtid juice of fermented cabbages. This resemblance he traces still farther, viz. to the symptoms on dissection, and from thence is led to deduce a similarity of origin in both diseases, namely, the introduction of putrid substances into the mass of blood. This analogy of symptoms and origin, of course, extends not only to yellow fever, but to typhus, to intermittents from malaria, and to all diseases supposed to take their origin from putrid exhalations.—MAGENDIE'S *Journ. de Physiologie*.

Dr. CURRY, on Typhus Fever.

Some of the ablest practitioners of the present day believe that genuine typhus fever, as described by Huxham and others, is now a rare disease ; and a considerable portion of our readers will remember the celebrated discussion which took place at Guy's Hospital, between Drs. Curry, Clutterbuck, and Armstrong, on the subject of fever about four years ago, wherein Dr. Curry distinctly insisted on the terrestrial origin of what are termed typhus fevers. As two-thirds of our readers, however, cannot now have access to the volume of our *quarterly* series in which this discussion was recorded, we shall quote the following passage from Dr. Curry's speech :—

“ Here Dr. Curry took occasion to pass an eloquent, and not unmerited eulogium on our own immortal Sydenham, whom he looked upon as little inferior to Hippocrates himself. The longer Dr. Curry lived, and the more he saw, so much the more strongly was he convinced of the truth of Sydenham's opinion, that diseases obeyed a periodical influence, partly from the circumambient air, and partly from terrestrial exhalations, or from both combined. He supported this opinion by many ingenious reasons, and important facts, drawn from the histories of epidemics since the year 1793. Among other data on which he had grounded his assumptions, the following one was stated. In the autumn and winter of 1809, when the Walcheren fever produced such havoc among our troops in the Islands of Zealand, Dr. Curry affirmed, from his own personal knowledge and observation, that there was not a street or lane in this metropolis wherein remittent and even intermittent fever might not be seen among the inhabitants. Hence he concluded, that the same ærio-terrestrial influence, which showed itself so fatally in the debouches of the Scheldt, where vast bodies of men were congregated under circumstances exceedingly favourable to its full operation, was also acting with greater or less power, over England, and probably over the whole surface of the globe. It was in this way, he said, and upon this principle only, that the spread of those desolating epidemics, which in some years, ravaged the western tropics, and the countries of North America and Europe partaking of a tropical nature could be rationally accounted for. This view of the subject led him to suspect that many young men of the present day, who prided themselves on having discovered the true nature and the most effectual treatment of fever, and who supposed that their forefathers and predecessors were all in the dark, in these respects, had, in reality, but little cause of self-gratulation, since the diseases which their despised

forefathers treated in this supposed unskilful manner, were very different from those of the present day; and hence that it was very probable—nay, that it was almost certain, that future generations would eye the doctrines and practices of our times with as much astonishment, and as exultingly contrast them with their own, as we do now with respect to times past. This consideration, he maintained, ought to repress the pride of the present generation.—*Med. Chir. Review.*

DR. FORBES, on Small Pox and Vaccination.

Dr. Forbes, so favourably known to the profession by his translation of Laennec, has witnessed one of those unfortunate epidemics, occasioned by the want of a general adoption of vaccination, and the artificial introduction of variola among unprotected subjects. Dr. F. considers it not only unfair, but decidedly injurious to the cause of vaccination, for medical men to attempt to maintain the same high ground which they formerly assumed, in respect to the almost infallible prevention of small-pox by cow-pox. Yet, "happily, the plain truth is still extremely consolatory;" for every successive year, and every fresh diffusion of the variolous pestilence, tend, more and more, to confirm the belief that the proportion of cases in which vaccination affords perfect security against small-pox, will be extremely great. The same progressive and accumulating experience proves that, "in the small proportion of cases wherein cow-pox fails to prevent variola, it almost invariably, and greatly, mitigates the terrible symptoms of that disease." Our able author thinks, that if, on the promulgation of vaccination, we had been promised *one half* of the benefits which are now proved to result from it, we should never have heard those lamentations, fears, and despondencies, and still less any of that decided preference of small-pox, which are to be found among many members of the community, and even of the profession. The mind is dissatisfied because it has been disappointed—

Jam tenet Italiam, tamen ultra pergere tendit.

The district which was the scene of the variolous epidemic under review extends along the coast, about 20 miles, and inland about 10 miles, bearing a population of about 30,000 souls.—Since the year 1812, variolous inoculation had been almost entirely disused, so that nearly all the children born in the district, since the period above-mentioned, had either been vaccinated, or left unprotected *in toto*. A considerable proportion were,

unfortunately, in the latter condition, owing to vaccination having been much less practised, especially among the lower classes, than it ought to have been. In 1821, when the inhabitants of Chichester were in great trepidation, the importunities of many persons among the middle and lower orders, to have their children inoculated, were very great; but, to the honour of the profession there, variolous inoculation was uniformly denied—except to such persons as were decidedly exposed to the infection, and whose parents refused the protection of vaccination. Some extra-professional inoculators, however, were at work, and there were nearly 300 cases, casual and inoculated, of small-pox in Chichester. In the vicinity, several extra-professional inoculators spread the disease in all directions, some two or three thousand people having been inoculated!

“A few instances of the failure of vaccination entirely to prevent the attack of variola, were magnified into a total failure of its protecting powers, while the opinion of perfect security, afforded by the variolous inoculation, was loudly and eagerly proclaimed.” In this state of alarm and prejudice, one of the regular practitioners gave way, and his example was followed, as a matter of course and almost of necessity, by his brethren. Accordingly, the surgeons of Emsworth, Havant, and the vicinity, inoculated with great vigour during a period of six or eight weeks—most of these gentlemen, however, representing to the parents and friends of the unprotected, the preferable security of vaccination.

In the above period, the surgeons inoculated more than 1400 persons not previously vaccinated—the whole number, by regular and irregular practitioners, being considerably above 3000. The inoculated small-pox was very mild, the surgeons not having lost more than six or seven cases of 1450. What was the proportion of deaths in the practice of the itinerants could not, of course, be ascertained—it was evidently, however, very small. There were not more than 130 or 140 cases of casual small-pox among the unprotected. Such was the diffusion of the variolous infection, that it is highly probable that, every individual, who had been vaccinated for many years past, was now exposed to its influence.

“Many striking facts, illustrating the very thorough exposure of the vaccinated, were mentioned to me by almost every surgeon. In a vast number of families, children were inoculated with small-pox, whose parents or elder brothers and sisters had been vaccinated, and who now acted as nurses to their less fortunate juniors. In one family, consisting of eleven, the four elder children had been vaccinated a good many years ago; on

the present occasion, the remaining seven were inoculated with small-pox. All the former completely escaped, though they all lived, and some of them slept, together. In one family, consisting of a good many members, all the children were inoculated, except one, to whom the surgeon, on account of a recent burn, refused to give so severe a disease. This child was vaccinated, and resisted the small-pox infection, though living surrounded by, and sleeping with, its pestilential brethren. Hundreds of instances, affording precisely similar results, and many of them equally strong, could be mentioned. In a good many families the remaining children were vaccinated, after the casual small-pox had made its appearance in some of the members, and all escaped (with a single exception,) in whom the vaccine vesicle had time to form. This effect was witnessed in several families, in which death followed the natural small-pox.

“Under all these circumstances of most extensive and most intimate exposure, about eighty cases of small-pox in persons previously vaccinated, came under the observation of all the surgeons of the district (nineteen in number,) during the whole course of the epidemic. All these cases (with a single exception) were completely *modified*, according to the now technical meaning of that word; and, although a few had considerable eruptive fever, and a still smaller number had a considerable eruption of pustules, the disease almost uniformly exhibited the rapid declension characteristic of the secondary affection, and none of the patients were at any time considered to be in danger. As all these subjects exhibited the disease in the *modified* form, it seems to follow, as a necessary consequence, that they had all been vaccinated, and had properly undergone the vaccine process,—as it is only thus we can account for the modified character in any case; it is, however, proper to state, that only a very small proportion (about one-sixth) were known to the surgeons to have undergone the process satisfactorily. In a great majority of these cases of secondary or modified small-pox, the disease was extremely slight, consisting, in some, of a trifling degree of febrile disorder for one or two days, followed by an eruption of a few pustules; and in others, of an equally slight eruption, with scarcely any perceptible fever.”

Dr. Forbes has mentioned one exception to the modifying power of vaccination. This was a child twelve years of age, who, after having been casually exposed to the infection of small-pox, was vaccinated by one of the surgeons in Chichester.—The arm put on the usual appearances, and the disease went through its regular stages. Three weeks, however, after the period of vaccination, and apparently without being again expo-

sed to variola, the child was seized with the latter disease and died.

Dr. F. received accounts from his medical friends of 680 cases of previously vaccinated individuals subjected by them to variolous inoculation. Of this number only about 30 cases are reported as exhibiting any indication of a constitutional affection from the small pox virus. In all these cases the resulting disease was completely modified, and with one or two exceptions, extremely mild.

So much for the protection of vaccination. There were seen, during this epidemic, nineteen well authenticated cases of second attacks of small-pox—in most instances after inoculation. Some of these secondary attacks nearly proved fatal.

Upon the whole, the effect of this epidemic is, our author thinks, “a diminution of prejudice against vaccination, and an increased confidence in its preventive powers,” among the common people. This is a great advantage, and we have only to thank our able author for his clear, perspicuous, and well written communication on so important a subject.—*Med. Chir. Rev.*

Dr. CHISHOLM on the painful consequences of Inebriation.

The remedy I have long and successfully advised for this, is a very simple one, a moderately sized tumbler of water, as warm as the patient can conveniently take it, on getting out of bed and dressing in the morning. This simple remedy has more efficacy than any other I ever tried;—it soothes the stomach, disposes the bowels to discharge their contents, encourages the secretion of bile and other fluids employed in digestion, occasions a warm glow on the surface, throws out a gentle perspiration, and finally gives a desire for breakfast.—If there is acid eructation, a small quantity of the infusion of camomile flowers, with magnesia, in the proportion of a small tea-spoon full of the latter to two or three wine-glasses full of the former, will be found a pleasant combination of a tonic and absorbent. Should the acidity prevail, and be attended with pyrosis, lime water is proper; but the most likely to allay these symptoms is the oxyd of bismuth rubbed up with a little sugar and powder of cinnamon. The dose should not exceed four grains of the oxyd thrice in the day, at least that is the quantity I have found most beneficial to adults. I make use of the word allay, because, as all these symptoms, generally, if not, always, depend on, and should be considered as indicating hepatic derangement, so

should those means be resorted to, which mainly apply to the removal of that derangement. Thus, therefore, those absorbents should be employed as accessories, and mercury given, in the manner stated under chronic hepatitis as the principal agent. The oxygenated muriate of potash has done much good in chronic hepatitis brought on by habitual ebriety, on dram and grog drinking. As a tonic when those horrible feelings I have described, have yielded to moral and physical regimen and medical treatment, the following pill has answered better than any thing I have ever tried. R. extract gentian. ℥i. extract, colocynth. comp. gr. x, antim. tart. gr. i. m optime et divide in pilulas octo—sumat unam bis terve in die."

M. CLOQUET, on *Traumatic Scorbutus*.

Occasionally during the treatment of fractures, all the symptoms which characterize the last stage of scurvy develop themselves in the fractured limb, and arrest for a long time, or even entirely prevent, the reunion of the fracture. This troublesome complication is sometimes an entirely local affection: at other times it first manifests itself in the fractured limb, and afterwards extends to the other organs of the body. This species of local traumatic scorbutus would appear to be produced by debilitating causes, acting directly on the fractured limb, or even in a general manner on the system. M. Cloquet, in order to prevent this affection, considers it necessary, in fractures complicated with inflammation, to be very cautious regarding general blood-letting; nor does he advise emollient applications to be continued longer than is absolutely necessary for allaying the inflammation; and after this period he recommends the patient to be dressed with linen, very dry and moderately tight. When the symptoms of local scorbutus have manifested themselves, the attention must be redoubled, tonics and stimulants must be given, and all the means proper in scurvy should be employed. It is also necessary, at each dressing, to leave the limb for some time exposed to the air, and especially to the rays of the sun.—*Archiv. Gen. de Med.*

IV. MATERIA MEDICA AND PHARMACY.

MR. BLACKETT on *Fumigation*.

From the opinions of some medical friends agreeing with my own on the efficacy of fumigation, I have been induced to avail myself of the advantageous opportunity which has lately offered

itself to the Profession, of trying it with some of my patients whose cases appeared likely to be benefitted by the remedy. I have reason to be much satisfied with the result ; and am induced to give a short abstract of those cases in which I have had an opportunity of employing it, as it may be the means of directing the Profession to an auxiliary remedy in those obstinate chronic cases which are occasionally found to be not much under the control of the usual modes of treatment : and as fumigations are not only safe “when properly administered,” but frequently efficacious when little expected, I trust it will not be considered an act of temerity, on my part, to draw the attention of the Profession more particularly to this mode of practice.

Case 1st.—My friend and neighbour, a general medical Practitioner, had been afflicted with sciatica nearly five years. There was no wasting of the limb affected, and the pain always was diminished on taking exercise ; but when he came to sit for half an hour after his usual rounds of the day, stiffness and pain returned, and his nights were not uncommonly passed in extreme torment, which could not be allayed by opiates, frictions, warm bath, or any of the accustomed remedies in such cases. He was induced to try the sulphureous baths, as administered by Mr. Green, of Berry Street, St. James’s—he took but four of them. Six weeks have elapsed, and he has not had the least return of pain, notwithstanding the variable state of the weather, which always aggravated his complaint.

Case 2d.—Mr. M., a respectable tradesman, near Regent Street, had for many years been afflicted with gout, of the atonic kind, accompanied with all the varying symptoms frequently attendant on this disease. He had been confined from last December until May of the present year, almost exclusively to his bed-room. Being a corpulent man, he required considerable assistance to move himself, or his swollen extremities, when in bed. When he was able to get up, he required the aid of two persons to help him to his chair ; and he considered himself tolerably well if he could reach the window by the assistance of crutches. It was with difficulty he got into a coach to go to Berry Street and try the sulphureous fumigations, as he had been recommended. He found himself better even after the first bath. He took one every other day ; and when he went to the fourth, he walked with the aid of a stick only. After taking the seventh, his amendment was so considerable, and the swelling of the legs so much diminished, that he was able to wear boots. He took altogether eleven of the sulphureous fumigating baths ; and ten weeks have now elapsed without any return of his malady. This patient took no other remedies than a common aperient during the use of the baths.

Case 3d.—A gentleman, seven months previous to the use of the baths, had had a severe attack of hepatitis, which was subdued by the usual means. In consequence of the attack, there remained much torpor of the liver, with evident enlargement: he was also much emaciated, and very weak. He complained of constant lassitude, of headach, and of thirst. His tongue was white and furred, and his pulse irregular. His skin was dry and unsperspirable; indeed he had not perspired since the commencement of the attack. He had little or no appetite, and his complexion was sallow. In addition to the usual treatment in chronic hepatic disease, which was continued for some time with but little advantage, he was advised to try the sulphureous fumigations, with a view of restoring the functions of the skin. He found himself relieved after the first bath, and he continued moderately to perspire during the following night. After three or four applications of this practice, his general appearance was much improved. He could with comfort lie on his right side, which he had not been able to do from the commencement of his illness; in short, he was so much improved that it was considered a visit to Cheltenham was all that was necessary for his recovery.

I have employed this remedy in several other cases, apparently with equal success; but as sufficient time has not yet elapsed to ascertain the permanency of its effects, I shall defer any account of them until a future opportunity.—*Lond. Med. Repos.*

M. PESSINA on *preparation of Hydro-cyanic Acid*.

M. Pessina, of Milan, prepares hydrocyanic acid in the following manner, which is said to be much more economical than any other process known. Eighteen parts of triple prussiate of potash of iron are powdered very fine, and carefully introduced into the bulb of a small tubulated glass retort, a very small tubulated balloon is then attached to the retort; it is furnished with a conducting tube which dips into the first flask, containing a little distilled water. The rest of the apparatus is contrived so as to prevent absorption. A cold mixture of nine parts of oil of vitriol, and twelve parts of water is then poured into the retort; the retort is closed and the whole left for twelve hours, the balloon being surrounded with ice and the neck of the retort constantly cooled with wet cloths. The materials are then to be heated a little, and continued so until the striæ, which are observed in the neck of the retort become more rare, and until

a blue substance rises, which appears as if it would pass into the receiver. The heat is then to be discontinued, the apparatus allowed to cool, and the contents of the receiver preserved in a proper vessel. The hydrocyanic acid thus obtained is perfectly pure, and of a specific gravity of 0.893 or 0.9. Its quantity, in relation to the quantity of substances used, is not stated.—*Giornale di Fisica.*

PROFESSOR ORFILA, on *Poisoning by the White Oxide of Arsenic.*

Mace and Goval, public writers, living together on the fruits of their labour, found in their apartments three sausages and a piece of bread, wrapped up in paper. On Sunday evening, the 29th July, having nothing for supper, they ate the piece of bread and a sausage each, and commenced with the third. Two or three hours afterwards they began to feel severe colicky pains, with inclination to vomit. During the whole night the pains increased, and vomiting took place. An apothecary, whom they consulted, advised them to drink a quantity of milk; this they did, but the pain and vomiting did not cease. At ten o'clock, on Monday, they came to the public consultation at Hotel Dieu.

Goval appeared to suffer but little; his countenance and voice were not altered: he said that he had vomited much, and had had copious evacuations.

Mace walked with difficulty—the body was curved—the countenance pale, and expressive of the most profound pain. He was received into the hospital: he had several evacuations during the day, and frequent vomitings of yellowish liquid matters, which were collected. The epigastrium was very painful on pressure; the face was contracted. The patient was in a state of agitation and continual contraction. He could only answer the questions put to him in monosyllables. He was made to drink copiously of decoction of linseed and marshmallows. The same state of suffering was present in the evening. The pulse was accelerated. He was ordered an anodyne draught and several injections, with eight or ten drops of laudanum in each. On Tuesday the vomiting had ceased; the stools contained a bloody mucus; delirium supervened; the extremities became cold. He died at ten o'clock in the evening, forty-eight hours after having taken the suspected sausages.

Goval did not enter into the Hotel Dieu until the evening of Monday; he complained of colic, but he had no vomiting or alvine evacuations after his admission. Could he, as he said,

have rejected all the poison in the copious vomitings which he experienced before his admission into the hospital? The thing is possible : but from the evidence adduced before the judicial authorities, it is doubtful whether he really had been poisoned.

Dissection, thirty hours after death.—The body was in a state of general stiffness ; the fingers and toes were strongly retracted. *Head.*—At the convex surface of the brain a slight reddish layer of matter was remarked. A little blood was effused into the right temporooccipital fossa. These lesions were regarded as the effect of a fall which he had experienced a few hours before death. *Abdomen.*—Nothing particular was noticed in the stomach externally ; in the interior, about eight ounces of a yellowish liquid. On sponging off this liquid, a great number of small white hard grains, of different sizes and shapes, were discoverable. The internal surface of this viscus was of a deep red colour, which was not removed either by washing, friction with a cloth, or by the blade of a scalpel. Towards the duodenal orifice, there existed several maculæ of an irregularly rounded form, and of a size varying from that of a shilling to that of a crown piece, and of a brown colour. It is difficult to say whether these maculæ were a species of ecchymosis, or whether or not they were true eschars. In the situation of these patches the membranes appeared swollen ; but they were not more easily lacerated than other parts of the stomach. The serous coat was not altered. The œsophagus was healthy. The duodenum and the commencement of the small intestine were of a deep red colour ; but no maculæ were observed in them, as in the stomach. In the remainder of the digestive canal there existed a strong vascular injection. In the whole extent of the intestinal canal small white bodies were observable, similar to those which were in the stomach.

Chest.—The lungs presented nothing remarkable. The pericardium contained about an ounce of colourless serum. *The heart.*—Nothing particular externally. A remarkable alteration was remarkable internally. The left cavities were of a red marbled appearance. In the ventricle of this side, and principally on the columnæ carneæ, small maculæ, of a crimson red colour, were remarked. On cutting into the parts where these existed, they appeared not confined to the surface, but *penetrated into the fleshy* substance of the heart. The right cavities presented a red colour, much more red, and almost black. On the columnæ carneæ of the ventricle, some maculæ were also visible ; but they were less numerous and less marked than in the left ventricle. The aorta, the pulmonary artery, and veins, presented no appearance of change.

The sausage which had been left at the supper was examined : the flesh was of a grey colour, and stuffed with a multitude of small white hard shining bodies—some in a state of powder, others of the size of millet and hemp-seed. A quantity of these white bodies, found in the sausage, was collected from the vomited matters, and from the liquids contained in the digestive canal : these were fully proved, by chemical reagents and by the garlic smell, &c. to have been coarsely pulverized fragments of arsenious acid.

Lesions of the heart, similar to those described in the present case, are only manifested when the subjects, whether men or dogs, have not died until several hours after the administration of the poison ; and even in this case it may happen, for reasons with which we are unacquainted, to be impossible to discover them. It is known, indeed, that corrosive poisons sometimes produce death, without inflaming the tissues to which they have been applied ; with still greater reason, therefore, may they not be expected to alter those organs which are situated at a distance from the parts with which they are placed in contact ?
—*Archives Gen. de Med.*

MEDICAL LITERATURE OF THE UNITED STATES.

New-York Medical Repository, VOL. VIII. NO. II.

ART. I. *Notes Explanatory of the New Italian Doctrine.* By
M. TOMMASINI.

This paper, which occupies nearly 40 pages of the *Medical Repository*, will detain us but a moment. The theory of Professor Tommasini is already known to our readers, who have probably observed the close analogy it bears to doctrines long since inculcated in this country by Dr. Rush. These notes which were appended to the professors lectures, are designed to prove the coincidence between the new doctrine, and the most approved practice of this and former times, and to establish the truth of the former, by an appeal to ancient experience. We give in his own words, the Professor's opinion of the theory and practice, of one whom the Italians once delighted to call master.

“ In my Lectures on Diathesis, which I have just cited, I have clearly pointed out all which medical philosophy owes to John Brown, and the acknowledgments which this great man merits

for his profound general ideas on life, health, and disease, and for the importance which he attached to the study of diathesis. And although it be true, as I think it is, that Hoffmann, Baglivi, and Cullen did, as it were, prepare the way for the admission of principles which Brown had the perspicacity afterwards to discover and inculcate, it may, nevertheless, be contended, that without the *Elements* of the Edinburgh professor, the fundamental principles of the present doctrine would not have been discovered, and that no one would even have conceived the idea of this modern reform.

When, in the first years of my practice, I was a partisan, although not without some doubts, of the curative method of Brown, I remember to have frequently asked myself the explanation of many practical contradictions, which I was not able to give ; to have found myself embarrassed to account for a great number of fortunate recoveries, which those who did not follow Brown's method, obtained by means directly opposed to ours, and to have been confounded in seeing some empirics, by means of their powders, decoctions, and pills, for the most part purgative or drastic, cure obstinate diseases, which Brown's doctrine taught to be curable only by means of excitants and opium."

ART. II. *Remarks on the Yellow Fever of New-Orleans during the summer and autumn of 1822.* By ROBERT C. RANDOLPH, M. D.

In the last volume of the Monthly Journal, we called the attention of our readers to an essay by Dr. Townsend, the object of which was to prove that the yellow fever which prevailed in New-Orleans during the summer and autumn of 1822 was imported immediately from Pensacola, and indirectly from the West Indies. In the same volume we noticed a paper by Dr. Caldwell, who would have us believe that New-Orleans is one of the most healthy cities in the United States. Dr. Randolph, as will be seen by the following extract, is entirely opposed to the above mentioned writers.

"As New-Orleans is situated on a soil, and in a latitude which seems, from analogy, to be particularly adapted for the generation of pestilence, it is much less a source of surprise, that the disease should be often epidemic, than the circumstance, that it is not always so during the autumnal months. The law, however, which governs the occurrence of epidemic influence, is not less obscure on the one hand, than its agency is clearly and extensively experienced on the other. In this city it has become impossible to recur to the doctrine of importation, as during the late season there was not the smallest ground to ima-

gine a foreign source. No vessel had arrived in these waters with persons thus diseased, and the quarantine law had been rigorously enforced on all persons and vessels, however healthy, as well from the ports of the extreme north, as those of the West Indies, and Southern America. Indeed, from the extent and rapidity of its late ravages; its showing itself in every part, as well in the seclusion of the convent, as in the business streets of the city; the almost entire immunity of the native inhabitants; the occasional instances of repeated attacks in the same individuals; the circumstance of there not being an instance of its communication by diseased persons who fled to Madisonville and elsewhere; the impossibility of detecting any thing like a plausible chain of contagious communication in this city; and, finally, a total absence, in the symptoms of the malady, of any specific cutaneous or other possible contagious secretion, are considerations, all of which must lead to the conclusion, that the late epidemic was indigenous, arising in part from local exhalations, and its character wholly independent of contagion."

It was a question long since asked and often repeated, who shall decide when doctors disagree. On this occasion, and indeed on every other we would refer the decision to physicians who have no preconceived opinions to maintain, no favourite theory to establish, no object to secure but the truth, and no means of obtaining it but patient, laborious and impartial observation. The origin of yellow fever has been the subject of keen and long continued controversy, and the treatment best calculated to control its ravages has been also the theme of much discussion, but the question is far from being satisfactorily determined. The controversy still occupies a large space in several of our cotemporary journals, and to these we beg leave to refer such of our readers as feel particularly interested in the question at issue.

REVIEW.

ART. III. *A Treatise of the Materia Medica and Therapeutics.*

By JOHN EBERLE, M. D.

The first volume of Dr. Eberle's treatise was reviewed in the preceding number of the New-York Repository, and with the exception of the author's partiality to "humoral explanations," the work was highly commended. On this occasion it is acknowledged to be "peculiarly valuable to all such readers as possess sufficient medical sagacity to scrutinize the doctrines, and test the value of medical evidence; the facts are numerous, and practical authorities abound; but the reader is left with the measure of information he may possess, to balance their con-

flicting testimonies. The author has left out of his catalogue of remedial agents some hundreds of articles which have heretofore lumbered the pages of works of this kind, and deserves, and will no doubt receive the thanks of every rational practitioner who frames his plan of treating diseases upon broad pathological principles. As an elementary work we believe it calculated to teach a theory of physic which will be, as it has always been, very inconvenient in its application to practice : and as a work upon which to rest the reputation of a severe, discriminating, and intellectual physician, we fear it will disappoint the expectations of the author's friends, though it bears ample testimony to his patience, industry, and perseverance."

The *Materia Medica* of Dr. Eberle as reviewed in one of the late numbers of the London Medical and Physical Journal, is pronounced to be "a good digest of the various opinions of practical writers respecting the use of particular medicines, and highly creditable to the industry and judgment of the author."

ART. IV. DR. KERGADEEC, on auscultation applied to the study of pregnancy.

From numerous trials made on pregnant women it appears, that by applying the ear to the abdomen, or by means of a stethoscope, the *fœtal* pulsations can be heard as early as the fifth month of pregnancy ; and are to be distinguished by their double stroke and great frequency, being from 120 to 160 in a minute. The *placental* pulsations are distinguished by their single stroke, being synchronous with those of the maternal circulation, and attended with a sort of whizzing noise (*souffle*) as is heard in some diseases of the heart and large arterial trunks.

The following are the principal theoretical and practical conclusions which the author has drawn from his researches :

1st. That when the double pulsation is perceptible, we may conclude the woman to be pregnant, and the child living ; but that its absence does not certainly indicate the woman not to be pregnant, nor the child dead.

2dly. By auscultation we may sometimes predict the existence of twins from hearing the double pulsation at the same time in many different parts of the abdomen.

3d. It is not improbable that auscultation will eventually enable us to ascertain with some exactness the actual position of the *fœtus* in the uterus.

4th. Auscultation will enable the operator to avoid cutting into the uterus over the part where the placenta is attached, in performing the Cesarean operation.

5th. The *fœtal* pulsation occurring in an unusual part of the

abdomen, may indicate the existence of an extra-uterine conception.

6th. Auscultation may become the means of distinguishing a false from a true conception, as in the former the double pulsation would always be wanting.

ART. V. *A case of Scald-Head.* By JOE HOBHOUSE, M. D.

In a case of porrigo lupinosa for which the ordinary remedies had been prescribed without success, Dr. Hobhouse "directed the head to be shaved and washed every morning with a warm solution of mild soap; a large warm bread and milk cataplasm, changed thrice every twenty-four hours, to be kept constantly applied over the diseased part; the heat of the cataplasm to be retained as far as practicable by means of a warm cap; and the bowels to be kept freely open by the occasional administration of a saline laxative. In something less than four weeks after the adoption of these simple means, I had the satisfaction of seeing the disease totally eradicated. The enlarged glands of the neck gradually diminished in size, and finally returned to their natural state; and the lad has since continued free from any disease of his head."

ART. VI. *A Case in which a large Biliary Calculus was extracted from the Gall-bladder.* By M. LAROCHE, of Paris.

The following extraordinary case is taken from the *Bulletins de la Soc. Med. D'Emulation*.

"Louis Hutten, a pedlar, aged 38 years, of a small stature, meagre habit of body, and swarthy complexion, consulted M. Percy in September, 1820, for a fungous tumour situated between the lower edge of the rib and the xiphoid cartilage. The tumour was red, resembling a large cherry, soft, bleeding on the least touch, and continually distilling a viscid, yellow, and bitter fluid, which was, indeed, bile nearly pure. The patient said he had been in ill health for nearly eight years, had suffered repeated attacks of hepatitis, and that the fistulous opening in the tumour had taken place six years ago, during his last attack of hepatic inflammation. He now complained of loss of appetite, obstinate costiveness, seldom having alvine evacuations more frequently than once in 6 or 8 days. On introducing a probe into the fistulous opening of the tumour, a hard sonorous substance was discovered at the depth of three or four lines, which M. Percy and myself judged to be a biliary calculus, and we persuaded Hutten to permit it to be extracted.—Accordingly I introduced a director, which passed into the fistula more than two inches, and then, aided by M. Percy, laid

open the cavity to that extent, which brought into view about two thirds of a very large calculus, the posterior third of which was still detained by the edge of the liver, and probably also by the undivided portion of the gall-bladder. After several exertions with a forceps, I succeeded in extracting this calculus, but not without breaking it into two fragments. It weighed, two hours after extraction, 1 ounce, 3 drachms and 60 grains, French weight, and only lost 14 grains by drying. It was very nearly three inches long, and of the figure of two cones joined at their bases. The dressing of the wound was extremely simple. The cavity was filled with lint and compresses, retained over the part by means of proper bandages. The patient, after taking a soup, returned on foot to his residence, at three miles distance. We have not since seen him, but learned, in May, 1820, that the wound had closed, leaving only an extremely small opening, from which exuded a clear, insipid, and inodorous fluid resembling saliva."

ART. VII. *Autopsic Examination of two Cases of Yellow Fever ; with Remarks.* By Dr. C. C. BLATCHLY.

We must refer to the *New-York Repository* for a statement of Dr. Blatchly's "autopsic examinations," and for his remarks on the pathology of yellow fever.

ART. VIII. *Biographical notice of Dr. Jenner.* By L. VALENTINE, of Paris.

ART. IX. *Universal College of Medicine.*

"The College would embrace geographical divisions or sections of the globe, to be drawn not so much with regard to nations or governments, as to population, and the facilities of existing intercourse with large cities. Stockholm, Copenhagen, Warsaw and Berlin, might be the centres of four divisions, called Consistories, for the north of Europe; Belgium, Germany, France, England, Spain and Italy, could each form a separate division; America, North and South, and even Asiatic India, three more, which would complete the twelve Consistories of the Universal College. Their organization requires a presiding conservateur, a registrar or secretary, and a treasurer, all resident in the same city, with a Consistorial Council, the members of which, though dispersed, may act and deliberate by correspondence."

The project of the Universal College of Medicine is said to have originated with Dr. Pascalis of New-York.

ART. X. *Report of the Committee of the Medical Society of New-York, on the Epidemic Yellow Fever of New Orleans.*

By J. CHABERT, M. D.

Dr. Chabert has come to the following conclusions : 1st. That yellow fever is a disease of irritation excited by myasmatogenic agents that are raised from the earth or water by great heat.

2d. That this irritation may produce death before it causes any organic lesion.

3d. That if the irritation be not timely arrested or checked, it will excite a cerebral or rachidien inflammation.

4th. That this inflammation of the brain or spinal marrow, is secondarily propagated to the liver, stomach, &c.

5th. That these secondary inflammations are not characteristic of yellow fever ; for he did not find that exclusive attribute in the epidemic of 1821.

ART. XI. *M. DUPUYTREN'S new Operation for Prolapsus Recti.*

This operation consists in removing several of the converging rugæ of the anus ; a greater or less number of them, according to circumstances, and the extent of the disease. For this purpose he seizes separately with a flattened forceps the larger rugæ an inch and a half from the verge of the anus, and excises them with a curved scissors as near the termination of the rectum as possible. Ten or twelve cases have been successfully treated in this way. In one of them the prolapsus was of ten years standing, forming a permanent tumour without the anus of six or seven inches protrusion, and of ten inches diameter, which prevented the patient from walking, and continually discharged a mucous bloody matter, attended with tenesmus, and frequent desire to go to stool. After removing five or six of the most prominent rugæ, which was not followed with any hemorrhage, the patient remained six days without going to stool, and on the seventh day had an abundant alvine evacuation without being attended with any prolapsus. In twenty days after the operation the patient was entirely well, and enabled to take any kind of exercise without inconvenience. Professor Dupuytren thinks, that if a troublesome hemorrhage should accidentally arise from this operation, it would be safer and easier to arrest it by cauterization than by tents and compresses.